DECEMBER 2024

ARIZONA
DEPARTMENT OF
HEALTH SERVICES

ACKNOWLEDGMENTS

Dear Arizonans,

I am excited to introduce the 2024 Arizona State Health Assessment (SHA), a comprehensive snapshot of our community's health. **This report belongs to you, and we hope that it serves as a meaningful resource for all who are invested in the health and well-being of our state.**

This report is the result of a collaborative effort between the dedicated team at the Arizona Department of Health Services (ADHS) and the invaluable insights from our community members. Through their participation in the Community Conversations, we've gathered crucial input that has shaped this assessment. Throughout the SHA, you will find doodle images and quotes that capture the essence of contributions and key concepts shared by participants.

The SHA not only celebrates our achievements but also addresses our challenges. It provides a comprehensive overview of the social, economic, and environmental factors—known as social determinants of health—that influence the health of Arizonans. **We aim to use this data to drive meaningful action and foster improvements across our state.**

To ensure you have access to the most up-to-date information, ADHS will update the SHA annually. You can explore the full report anytime on our website: azhealth.gov/SHA.

I am honored to present a report that reflects our shared strengths, challenges, and opportunities. As you begin exploring this assessment, I encourage you to start by focusing on the Community Conversations, where the voices and experiences of our community were integral to shaping the data and insights that follow.

We deeply appreciate everyone who contributed to this process. **Your involvement is crucial in our ongoing efforts to promote health and wellness throughout Arizona!**

Jennie Cunico
Director
Arizona Department of Health Services

ARIZONA DEPARTMENT OF HEALTH SERVICES

CONTENTS

Executive Summary

The 2024 State Health Assessment uses data from different sources, including public health, community members, and state and federal entities to evaluate the health and wellness of people and communities in Arizona.

COMMUNITY CONVERSATIONS

Community engagement with 10 centered populations offered insight into community strengths, challenges, and priorities for health and wellness. Voices from community members who participated in listening sessions appear throughout this report. Overall themes from the community listening sessions are listed below.

- Health is a state of mental, emotional, spiritual, and physical well-being.

- Being healthy means feeling calm, happy, and connected.

- The outdoors is a strong asset that supports health.

- Physical activity, access to fresh and familiar foods, and connection with loved ones make people feel healthy.

- Safe community spaces such as libraries, gardens, and community sites — especially those led by people who share life experiences with community members — support overall well-being.

- To meet personal health needs, it is important to feel safe outdoors and in the community.

- High caseloads and staff turnover lower the quality of care from case managers, navigators, and healthcare providers.

- Transportation, housing, and mental health support are top priorities to address health challenges.

- Support from providers of shared identity builds trust.

- It is important to feel seen, heard, and respected when receiving care.

HEALTH ISSUES

Trends for significant health issues are summarized below.

CHILD AND FAMILY HEALTH

Maternal deaths declined in urban counties but increased in rural areas. Infant mortality is at a 10-year high. Breastfeeding rates have not recovered since they dropped during the COVID-19 pandemic. Arizona has higher rates of adverse childhood experiences than the country at large. Decreasing child vaccination rates are a growing concern.

OLDER ADULTS

Heart disease is the leading cause of death for adults over 65. Arizona has seen more deaths due to unintentional falls over the last five years, with our mortality rate from unintentional falls remaining above the national average. Alzheimer's disease is the fourth leading cause of chronic disease death in Arizona. The number of older adults with Alzheimer's and dementia will increase in years to come.

CHRONIC CONDITIONS

Heart disease is the leading cause of death in Arizona. The death and incidence rates for chronic lower respiratory diseases (e.g. COPD) and cancer in Arizona have dropped. Diabetes is largely increasing among adults over 35. Opioid use disorder continues to be a major concern in Arizona. Fewer Arizonans smoke tobacco than elsewhere in the country, but adolescent vaping rates are concerningly high.

NUTRITION AND PHYSICAL ACTIVITY

Food insecurity in Arizona has decreased over the last decade. However, every Arizona county has food deserts. Our physical inactivity increased from 2011 to 2019. Just over half of adults consider themselves highly active. Arizona has fallen far short of oral health goals for children and adults.

FOOD SAFETY AND ENVIRONMENTAL HEALTH

Native American communities are more impacted by foodborne illness than other groups. Most children with lead poisoning are probably not being identified due to low screening rates. Emerging concerns include exposure to radon and PFAS.

INJURY AND VIOLENCE

People die from accidents such as falls, motor vehicle crashes, and drowning in Arizona at a higher rate than in most other states. There has been a significant increase in firearm-related injuries and death. Suicide rates are also rising.

INFECTIOUS DISEASE

Since 2019, Arizona has responded to outbreaks of mumps, hepatitis A, West Nile virus, and COVID-19. Influenza and respiratory syncytial virus reached their highest level in recorded history after the pandemic. Tuberculosis cases are at a 10-year high. Emerging concerns include multidrug-resistant organisms, increasing rates of sexually transmitted infections, and decreasing immunization rates.

FACTORS CONTRIBUTING TO HEALTH

Factors that impact health and wellness include where we are born, how we grow up, where we live and work, and how our needs are supported. Key points are summarized below.

HEALTH DISPARITIES

Health disparities are prevalent in each public health topic across race, income, education, and geography. High-risk populations for many health conditions in Arizona include older adults, children with special healthcare needs, the LGBTQIA+ community, people living in rural areas, and Black, Hispanic, and Native American Arizonans.

ECONOMIC INSTABILITY

Economic instability can impact almost every health topic. Policies to help people pay for food, housing, healthcare, and education can reduce poverty and improve health and well-being.

BORDERS

Communities along the southern border have more risk factors that impact health and well-being. Movement across domestic and international borders increases the risk of infectious diseases including multidrug-resistant organisms, tuberculosis, and syphilis.

HEALTHCARE ACCESS

Access to healthcare can impact the outcomes of almost every health area. Access to healthcare may be limited by social stigmas, transportation barriers, professional shortages, rising costs of care, inadequate support for community health workers, and a lack of shared identities between patients and providers.

CLIMATE AND HEALTH

Arizona will be more heavily impacted by warming trends than other areas. We have higher rates of invasive melanoma than the rest of the country. Preventable heat-related illnesses and deaths are also on the rise. The changing climate extremes can impact food supply as well as mental and physical health conditions. High temperatures increase the risk of death from a drug overdose. They may also alter certain disease dynamics.

COVID-19

The COVID-19 pandemic worsened health disparities in our high-risk communities. The adoption of virtual services during the pandemic exposed barriers for rural and underserved communities, raising questions about equitable access for tribal jurisdictions and other communities with limited broadband connectivity.

CULTURAL AND LINGUISTIC BARRIERS

The cultural and linguistic diversity of Arizona presents challenges in delivering culturally competent and language-appropriate services and resources.

DATA

Data initiatives gathered momentum during the COVID-19 pandemic. However, ongoing data gaps can hide health disparities and disease clusters.

NUTRITION

In Arizona, more people live in low-income neighborhoods with less access to grocery stores and supermarkets than elsewhere in the United States. People who cannot access healthy food are at higher risk of worse health outcomes at every stage of life.

PUBLIC HEALTH SUPPLY CHAIN

The health and wellness of people in Arizona is impacted by how well public health can coordinate services and resources, identify sustainable funding sources, and navigate logistics and supply chain challenges.

SOCIAL SUPPORTS

Positive social relationships help people live longer, healthier lives. Cultivating strong social support networks can help mitigate the negative impacts of many conditions, especially those related to the health of mothers and children, adolescents, and older adults.

TECHNOLOGY

Advancements in manufacturing, medical technology, and digital communications can help us and harm us. Emerging concerns include the mental health impact of social media, vaping, synthetic opioids, and equitable access to digital health solutions.

Introduction

INTRODUCTION

As the state public health agency, the Arizona Department of Health Services (ADHS) works to promote, protect, and improve the health and wellness of people and communities in our state. ADHS is dedicated to removing systemic and structural barriers that contribute to health disparities and ensuring equitable health outcomes across the state.

ADHS maintained national accreditation status through the Public Health Accreditation Board (PHAB) in March 2024. First awarded in 2017, ADHS is one of more than 400 nationally accredited health departments.

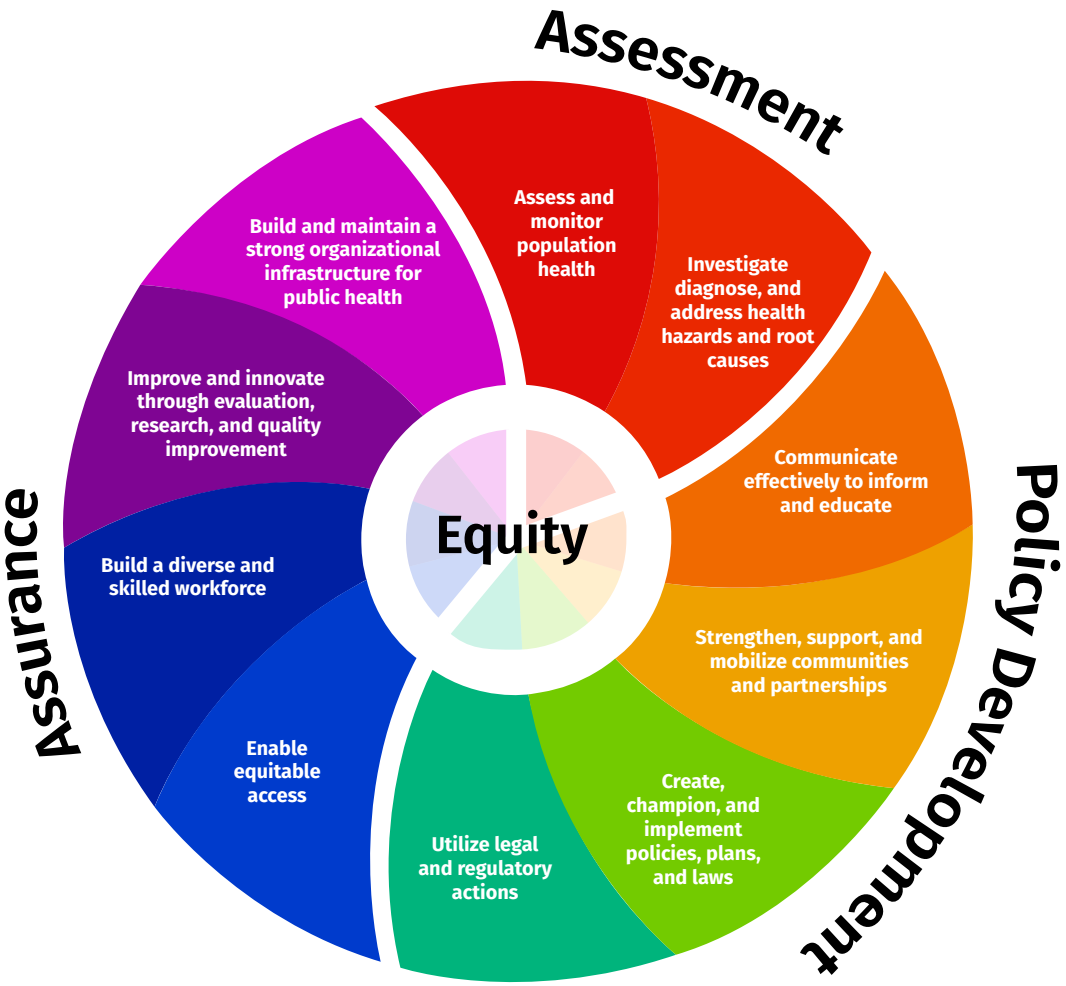
ADHS Core Values

- Integrity
- Collaboration
- Accountability
- Equity Focus
- Excellence
- Dedication

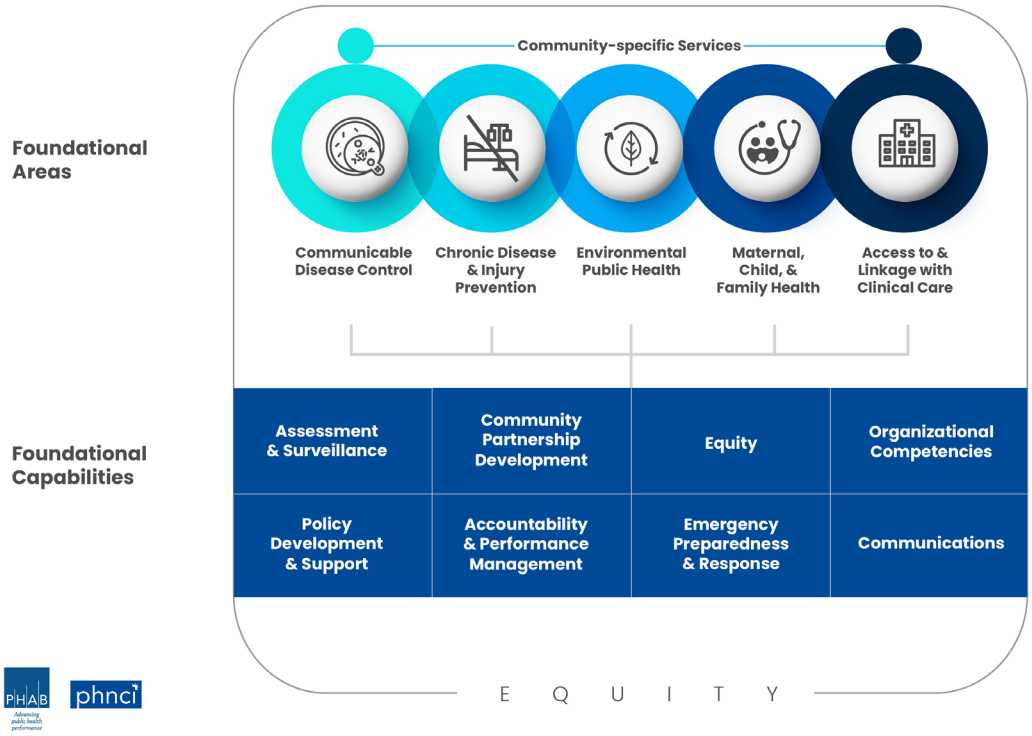
Public health accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused, and evidence-based standards.

PHAB relies on two frameworks to guide health departments - the 10 Essential Public Health Services (10 EPHS) and the Foundational Public Health Services (FPHS).

The 10 Essential Public Health Services

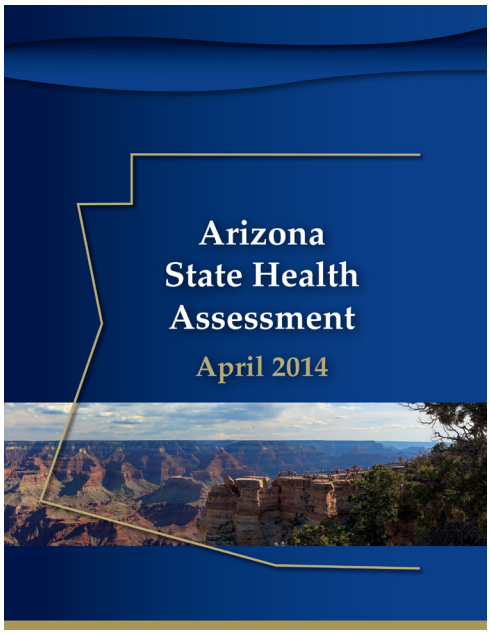


Foundational Public Health Services



Accreditation is another step to help increase confidence within communities and throughout the state that ADHS meets national standards for both performance and quality. This ensures that ADHS continues to evolve, improve, and advance public health practice supporting health and wellness for all Arizonans.

As part of the reaccreditation process, ADHS must conduct a State Health Assessment (SHA) and develop an Arizona Health Improvement Plan (AzHIP) every five years. ADHS released the first SHA in April 2014 and the second SHA in April 2019. The SHA tells the story of our health, providing a foundation to improve health and wellness for all Arizonans. This process identifies disparities among different subpopulations throughout Arizona, and the factors that contribute to them, in order to support the community's efforts to achieve health equity.



Arizona State Health Assessment 2014

Arizona State Health Assessment 2019

The SHA is the basis for priority setting, planning, program development, policy changes, coordination of community, resources, and funding applications. Additionally, it may identify new ways to collaboratively use community assets to improve the health of the population. While spearheaded by ADHS, this is a statewide effort with input from stakeholders and local public health departments.

One function of public health is to collect and study data relating to health and wellness. Assessing health and wellness helps the state health department make plans, coordinate resources, and find new ways to build on the strengths that already exist in our communities. The 2024 State Health Assessment gathers together important numbers and percentages that tell us about health and wellness in our state.

But sometimes these numbers do not reflect other parts of our lives that impact our health. To capture a fuller picture of health and wellness in our state, this assessment began with community listening sessions to learn from the communities that face some of the greatest health disparities. Those insights were studied along with data from Arizona and the nation at large.

This report assesses our health and wellness in three areas: communities, health issues, and factors that impact health. Often, the findings in these areas are connected. For example, community listening sessions found that while social gatherings support the wellness of older adults, many older adults feel isolated or forgotten. Social isolation puts older adults at higher risk of dementia. Data shows that dementia is the fourth leading cause of chronic disease death in Arizona.

The health issues themselves are bound together. Take oral health: A viral infection called human papillomavirus (HPV) can cause cancers of the tonsils or tongue. We have effective vaccines for HPV that would prevent these cancers — but only six out of 10 adolescents receive these vaccines. Dental providers could help promote adolescent vaccination — but many people can't afford dental insurance. Even if they could, our state must add almost 500 more dentists to meet current needs.

Health equity
means everyone has the chance to define and achieve good health for themselves.

Health disparities
are a certain kind of health difference closely linked with social, economic, or environmental disadvantage.

Health inequities
are unfair differences in health status across populations.

Our health is also intimately connected to our social and economic conditions. For example, rural or low-income communities may not have the same access to education, resources, support services, or healthcare providers as other areas. If hundreds of dentists appeared in Phoenix and Tucson, health outcomes in rural areas would continue to suffer. Understanding the causes of differences in health outcomes helps public health to address those differences and work toward health equity.

Each of our communities has their own challenges, strengths, and priorities. But we all want a fair chance to be as healthy as we can. In recognition of the things we have in common, this report uses plural pronouns like "we" and "our" when discussing health and well-being in our state. Those words do not refer to the authors of the 2024 State Health Assessment but to the larger community we belong to as residents of Arizona.

Methodology

METHODOLOGY

This assessment uses data from a variety of primary and secondary sources, including public health, state and federal entities, and community members, with guidance from the Arizona Health Improvement Plan's (AzHIP) Data Advisory Committee (DAC), the Public Health Learning Collaborative (PHLC), and the Arizona Local Health Officer Association (ALHOA). Content to prepare the SHA was gathered from program representatives and subject matter experts throughout ADHS. Documents consulted include ADHS reports, program narratives, and vital statistics. The Mobilizing for Action through Planning and Partnerships (MAPP) methodology and Healthy People 2030 objectives offered a framework to assess health issues and key resources in Arizona communities while adhering to Public Health Accreditation Bureau (PHAB) best practices.

Data sources and years for each indicator are displayed within the charts and graphs. Ten-year trends were included where available. The most current data available as of publishing are included. Annual updates will be provided as new data becomes available. For some indicators, data are stratified by race and ethnicity, sex, age group, geographic location, and social demographics to highlight areas of health disparity across populations.

The main data sources used are outlined below. A complete list of data sources can be found in the appendices.

Data Source	Description
Arizona Department of Health Services Bureau of Vital Records	**Birth Certificate:** A birth certificate is a legal document attesting birth, paternity, adoption, and official identity. All births to Arizona residents, including those of residents who give birth in other states, are included in the birth certificate system maintained by the ADHS Bureau of Vital Records. **Death Certificate:** Information on deaths is compiled from the original documents filed with the ADHS Bureau of Vital Records and from transcripts of death certificates filed in other states that affect Arizona residents. Mortality data in this report present the death of Arizona residents.
Behavioral Health Risk Factor Surveillance Survey (BRFSS)	The Behavioral Risk Factor Surveillance System is a population-based telephone survey conducted annually in all 50 states, the District of Columbia, and US territories to collect information on health-related behavioral risk factors, preventable health practices, healthcare access, and chronic conditions among non-institutionalized US adults aged 18 years or older.

Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System was established in 1991 by the Centers for Disease Control and Prevention (CDC) to monitor six priority health-risk behaviors that contribute to the leading causes of morbidity and mortality among youth and young adults in the United States. One component of the surveillance system is the biennial school-based Youth Risk Behavior Survey (YRBS). Survey results are based on representative samples of high school students in the nation, states, tribes, and select large urban school districts across the country.

American Community Survey

The American Community Survey is the largest annual household survey conducted by the Census Bureau to generate period estimates of socioeconomic and housing characteristics for states and communities (counties, zip codes, census tracts, and block groups). The survey is designed to provide estimates that describe the average characteristics of an area over a specific time period, either a calendar year (single-year estimates) or a period of three or five calendar years (multiyear estimates).

Hospital Discharge Data

Hospital Discharge Data are a valuable source of information about the patterns of care, public health, and the burden of chronic disease and injury morbidity. ADHS collects hospital discharge records for inpatient and emergency department visits from all Arizona-licensed hospitals. The available data is for state-licensed hospitals including psychiatric facilities. Federal, military, and the Department of Veteran Affairs hospitals are not included.

DATA LIMITATIONS

Public health data has some limitations that can make it hard to fully understand health issues. Sometimes, the data collected isn't detailed enough or doesn't include all the people it should, like those from certain age groups or communities. Also, the information often focuses on things like how many people get sick or die from a disease, but not on other important factors like how the disease affects people's daily lives. Collecting more types of information, such as people's experiences and social conditions, could help create a clearer picture of public health.

LISTENING SESSIONS

Community-based participatory research methods helped to center the health, priorities, and goals of 10 centered groups. Centered groups are specific communities or populations that are the focus of health assessments and interventions, whose health needs, priorities, and goals are emphasized and addressed in the research. The goal was to understand (1) what health means to participants, (2) different perspectives on the strengths and barriers that impact well-being, and (3) priorities for future health initiatives.

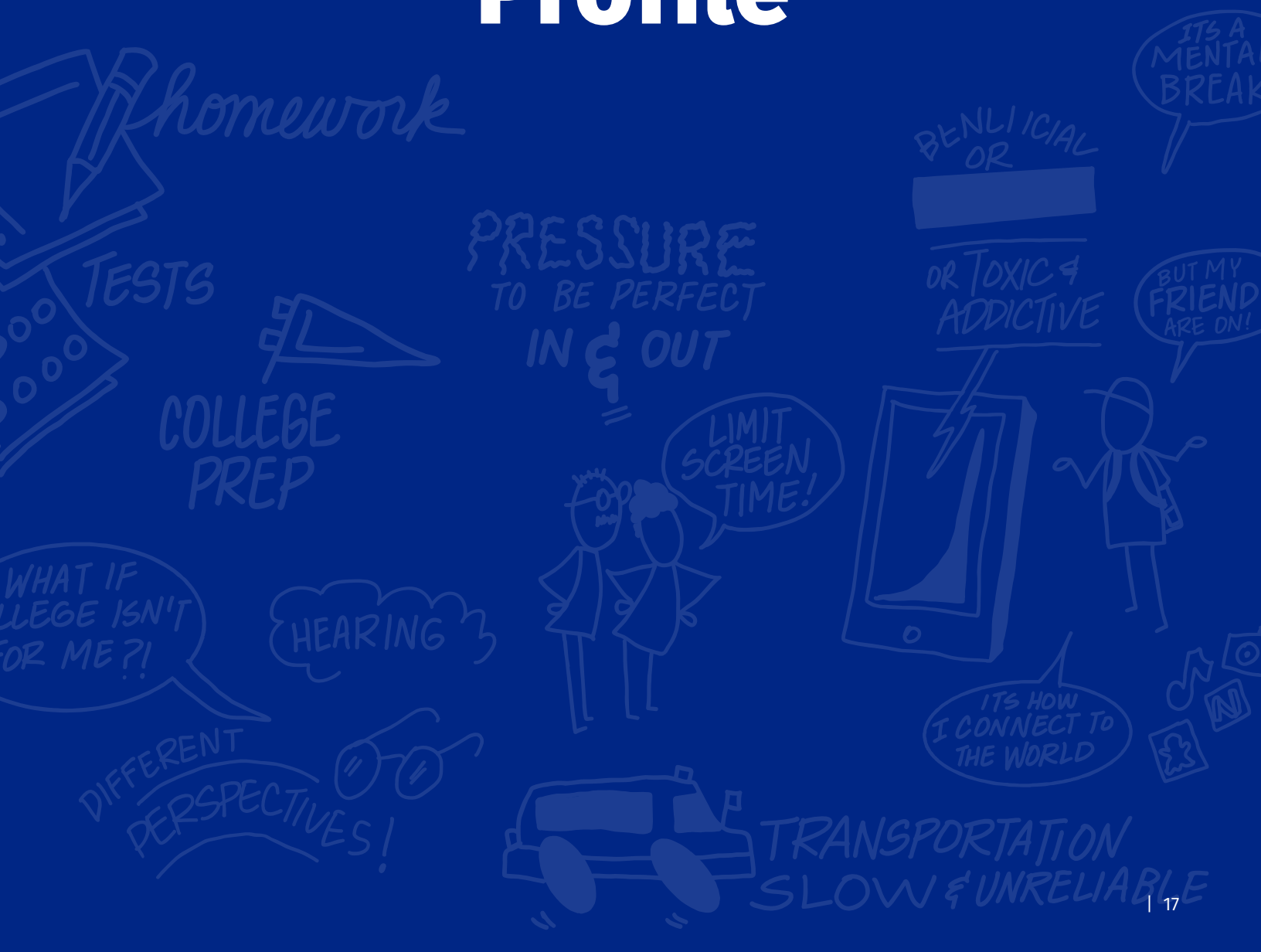
Listening sessions were conducted in Flagstaff, the Phoenix metro region, and Tucson to gather perspectives from different geographical areas. Conversations were offered with in-person or virtual options based on needs, availability, and recommendations of partnering host sites. Recruitment partners and host sites were selected based on connection with the centered audience and recognition as a trusted partner within the community. Facilitation was offered in English, Spanish, Dari/Farsi, and Ukrainian based on the language preferences and needs of the centered audience. Some facilitation was led by individuals representing a shared identity of the community to better support safety and trust. Graphic facilitation was also utilized to capture a graphic rendering of themes heard from each of the 10 centered groups.

A total of 224 community members participated in 22 virtual and in-person community listening sessions from December 2023 to February 2024. Participants who identified with two or more centered groups chose the conversation that best fit their needs and experiences. Themes from each group were identified through categorization analysis consistent with standard qualitative research protocols. These listening sessions provided the quotes and illustrations for this report.

Centered Population Groups

- Adolescents
- Aging Adults
- Black/African American
- Native American
- Individuals Experiencing Houselessness
- Hispanic
- LGBTQIA+
- People Living with Disabilities and Caregivers of Children with Special Healthcare Needs
- Refugees
- Veterans

Arizona Profile



ARIZONA PROFILE

Arizona is the sixth largest state by area in the US. We share an international border with the states of Sonora and Baja California in Mexico. There are 22 federally-recognized tribes with reservations across our state, including the largest in the country by area and number of people: the Navajo Nation.

7,409,189

Nearly seven and a half million people live in Arizona. Three out of four live in the two counties that are home to our largest cities: Phoenix and Tucson. Just over one in five Arizonans are children; just under one in five are older than 65.

21.7%

More than one of four Arizonans speak a language other than English at home. This is higher than the national average, and varies widely by location. In one county along the southern border, four out of five households speak a language other than English. Spanish is the most common language other than English. Arizona also has some of the highest concentrations of people who speak Native American languages in the country.

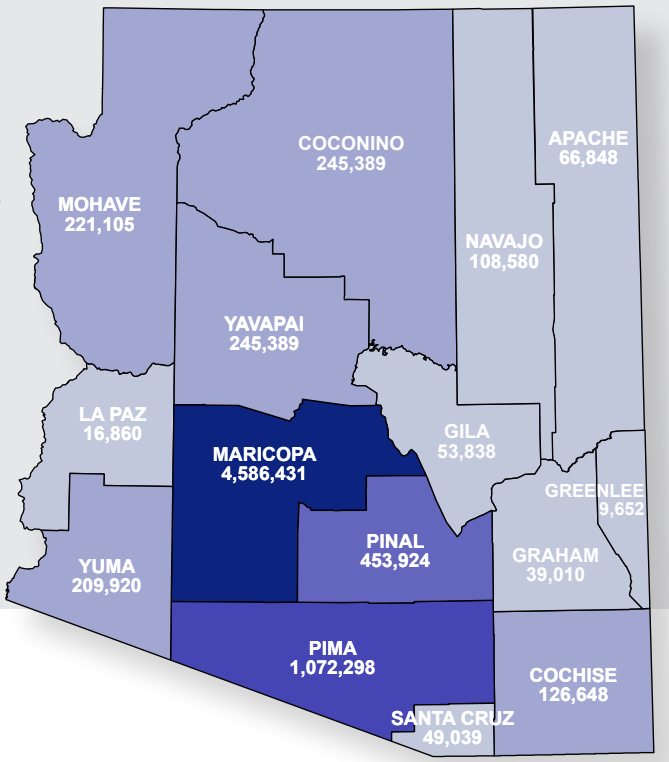
FEDERALLY RECOGNIZED TRIBES IN ARIZONA

- Ak-Chin Indian Community
- Cocopah Indian Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Fort Mojave Indian Tribe
- Gila River Indian Community
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab Band of Paiute Indians
- Navajo Nation
- Pascua Yaqui Tribe
- Pueblo of Zuni
- Quechan Indian Tribe
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute
- Tohono O'odham Nation
- Tonto Apache Tribe
- White Mountain Apache Tribe
- Yavapai-Prescott Indian Tribe

2023 Arizona Population, by County

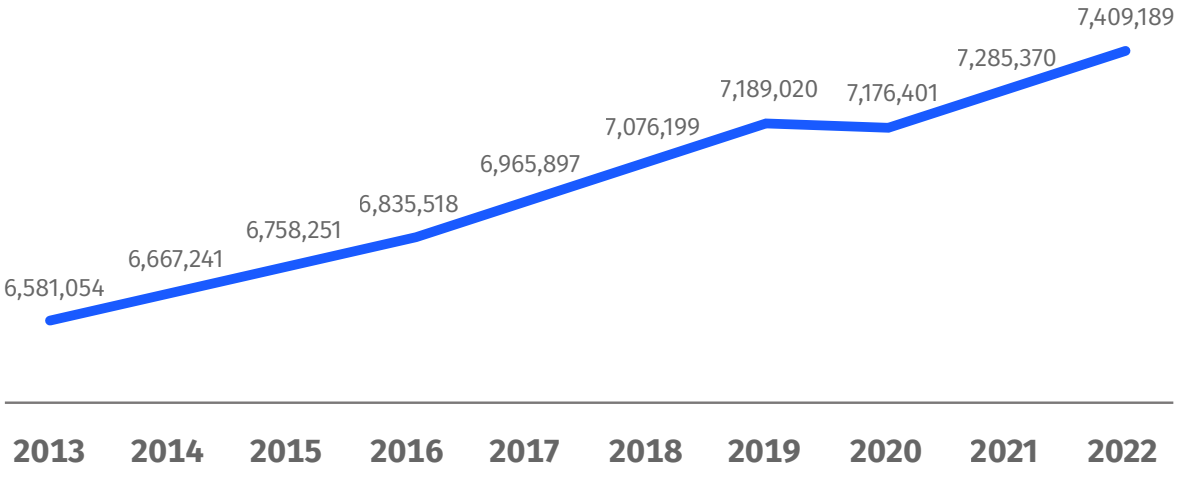
Today, Arizona is one of the fastest growing and most diverse states in the nation. From 2013 to 2022, we added nearly a million new residents. During that period, the population grew by about 75,000 to 130,000 each year, with the largest annual increase from 2016 to 2017. By 2060, the population of Arizona will likely grow by an additional 25%.

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)



Arizona Population Growth Rate

Arizona has seen a continuous increase in the population throughout the last ten years with the only exception being in 2020, where a decrease was noted.



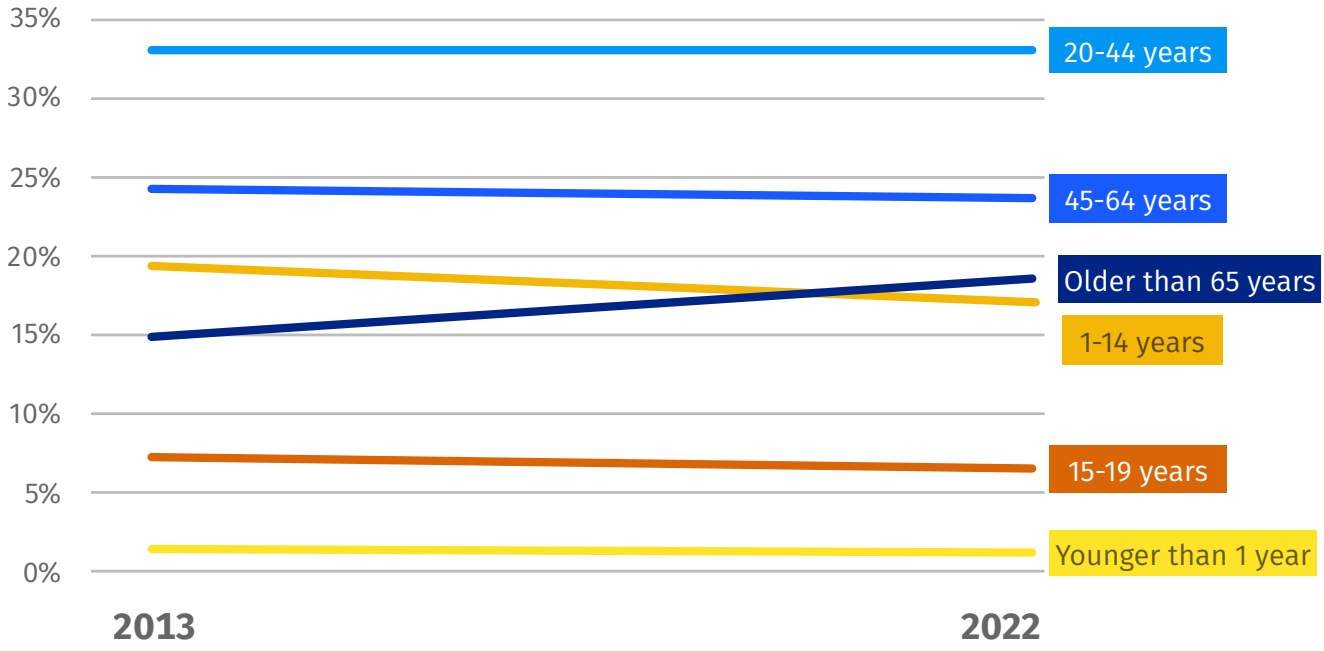
Source: ADHS Health Status and Vital Statistics

As the population grows, the age structure of the population will change. Generally, there are more adults over 20 years old with about the same number of children and teenagers. The number of older adults grew by nearly 400,000 from 2013 to 2022. Meanwhile, the number of infants declined slightly.

The 2019 to 2020 period, when the population dropped by around 12,000 people, was an exception to the overall growth trend. The most noticeable changes in this period were at either end of the lifespan: The number of older adults increased by over 25,000, and the number of children 1-14 years old dropped by around 23,000.

Arizona Population Growth, by Age

Over the last 10 years, Arizona has seen most age groups stay consistent with a noticeable increase in those older than 65 years at about 3.5% and a decrease in those 1-14 years old at about 2.1%.



Source: ADHS Health Status and Vital Statistics

In 2022, adults over 65 years old made up a larger share of the population than they did in 2013. As a result, there are relatively fewer younger people in Arizona, with the largest drop being a two percent decrease in children one to 14 years old.

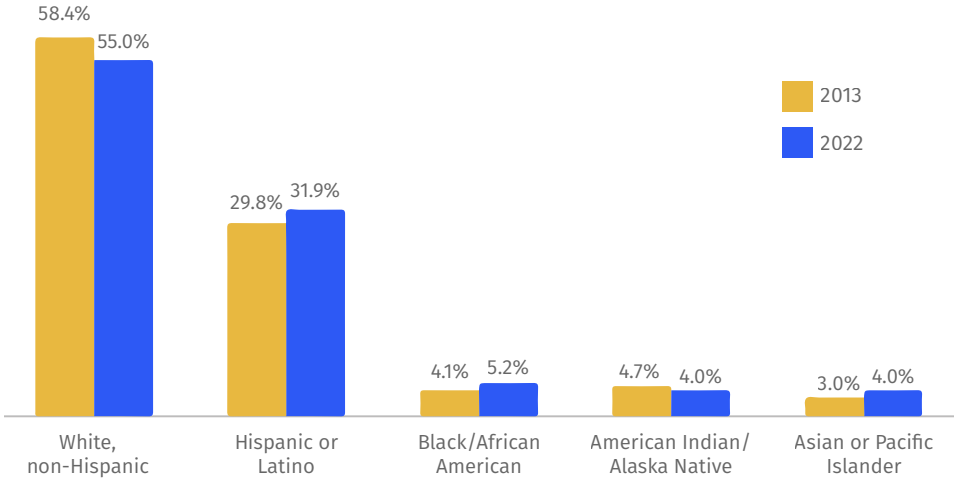
Almost half of our population belongs to a racial or ethnic minority group. With one of the largest Hispanic populations in the country, Arizona has comparatively more Hispanic and Native American people and fewer Black people than the nation at large. Asians and Native Americans each make up four percent of the population.

Historically, Asian or Pacific Islanders have been the smallest racial group in Arizona. However, from 2013 to 2022, this group had the highest growth rate of any in Arizona, and is projected to continue growing. Meanwhile, the proportion of people identifying as Native American and Alaska Native has dropped by almost five percent.

49%

Arizona Population Growth, by Race/Ethnicity

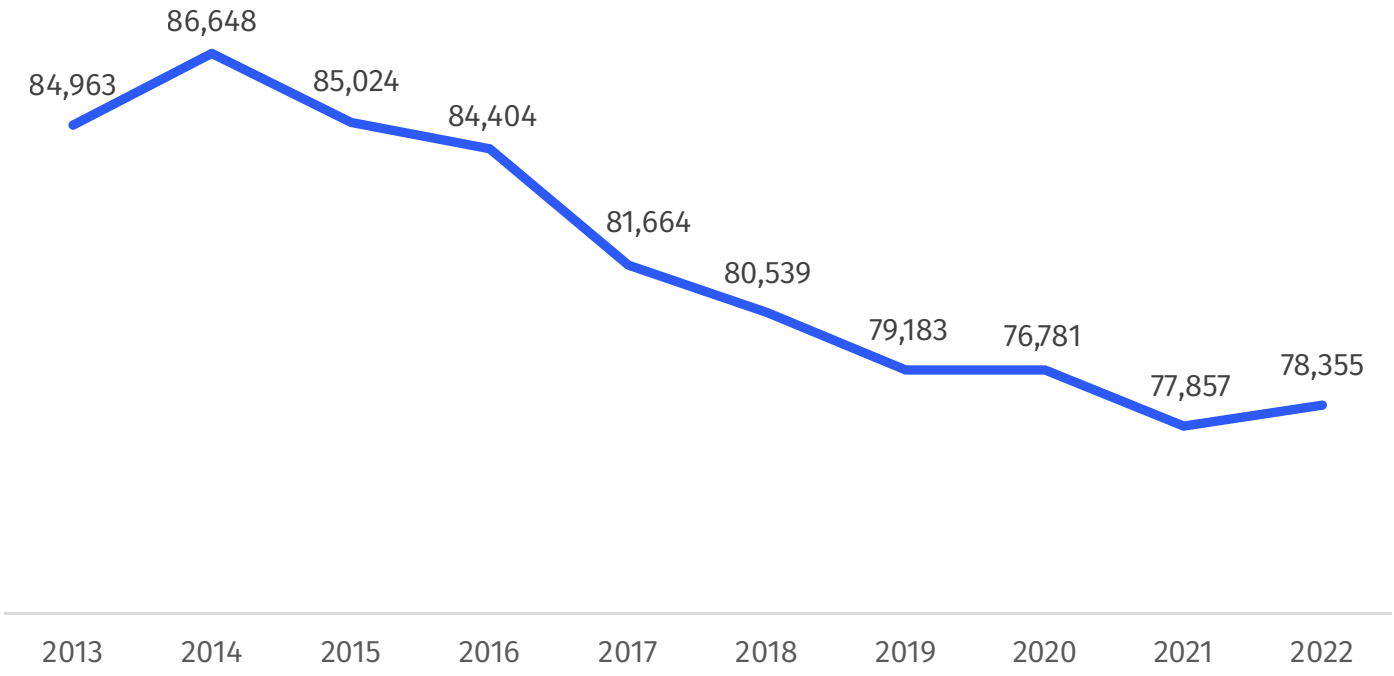
While the overall distribution of Race and Ethnicity in Arizona has stayed consistent, there have been variations in the percentages seen among all groups.



Source: ADHS Health Status and Vital Statistics

Arizona Births

Over the last 10 years, the number of births in Arizona has continuously decreased with a small rise seen in 2022 with 498 more births compared to 2021.



Source: ADHS Health Status and Vital Statistics

77 years

As of 2022, life expectancy in the US has not recovered from its drop during the COVID-19 pandemic. However, Arizona's life expectancy remained stable from 2019 to 2022, ranging between 79 and 80 years statewide. During this time period, the shortest life expectancy was recorded in Apache County in 2022, while the highest was recorded in Santa Cruz County in 2020. From 2017 to 2022, life expectancy notably shortened in Apache, Gila, La Paz, Navajo, and Santa Cruz counties, with the average lifespan shortening in Navajo and Apache counties by a full four years.

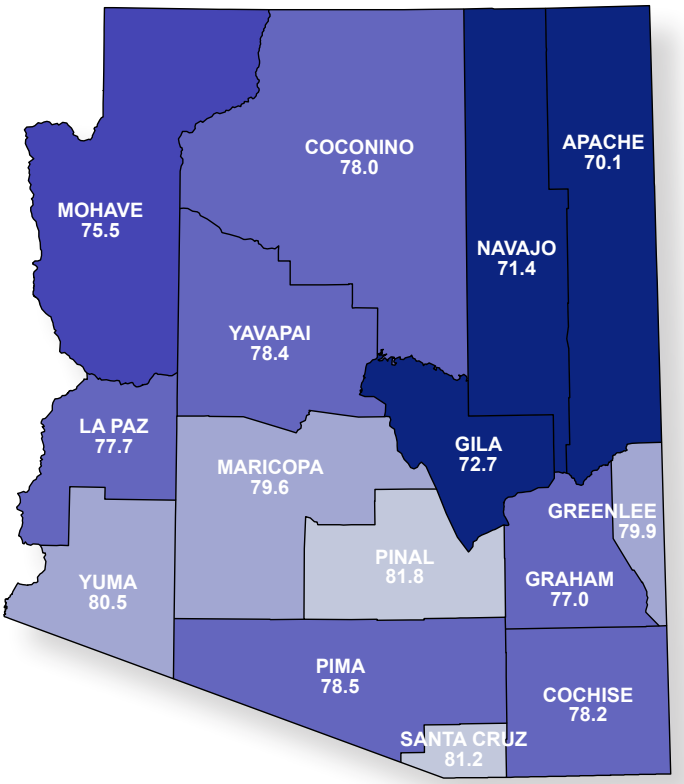
70.1 years

83.6 years

Note: Although county comparisons on life expectancy can be helpful, cities and other locations within counties can vary widely in terms of life expectancy due to differences in socioeconomic status.

The median age of death also differs among certain populations, such as by Race and Ethnicity.

2022 Arizona Life Expectancy at Birth, by County



Source: County Health Rankings (via National Center for Health Statistics)

Median Age of Death, by Race/Ethnicity

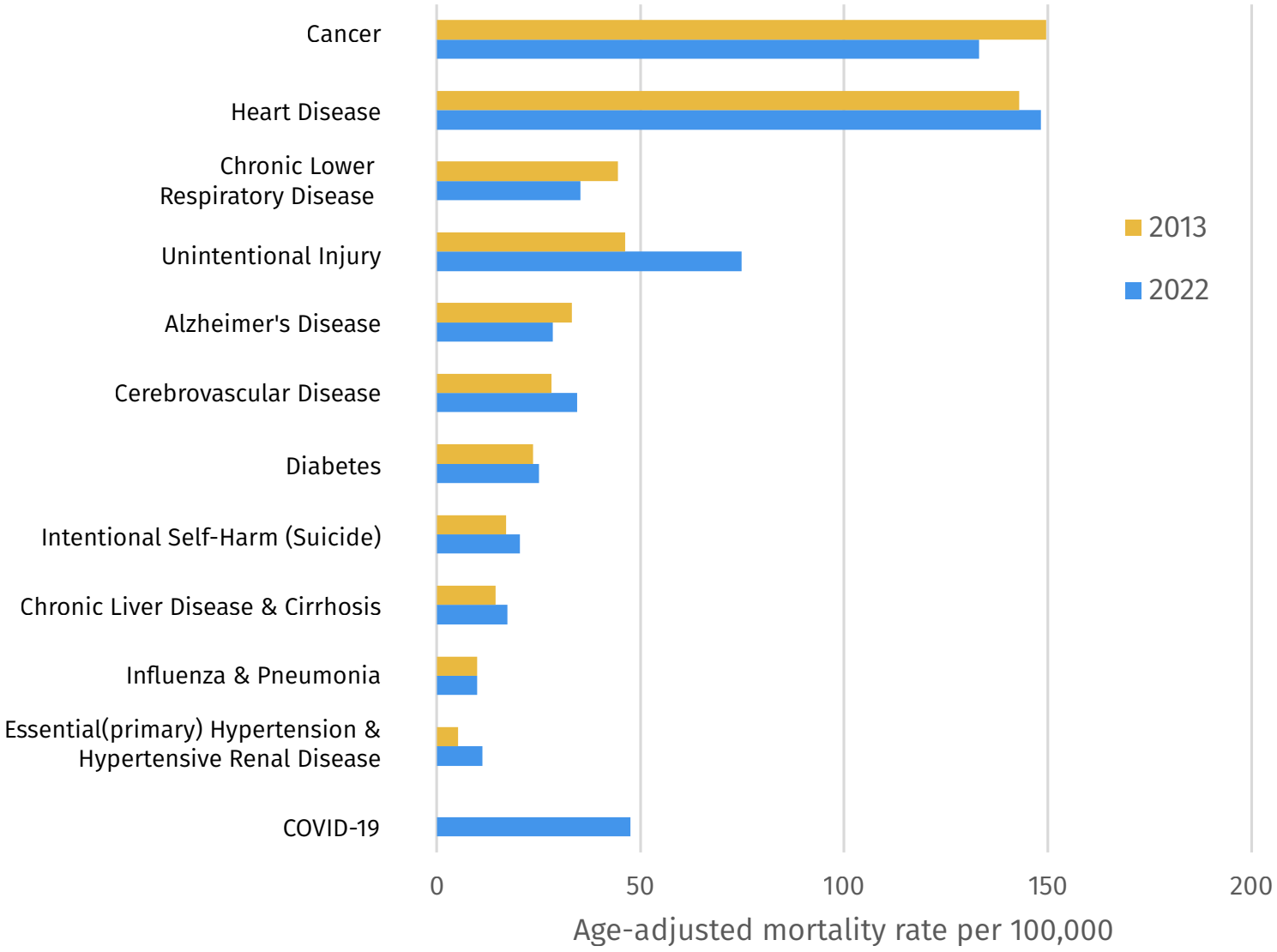
POPULATION	MEDIAN AGE OF DEATH
White	77
Asian	74
Hispanic	67
Black	65
Native American	59

Source: ADHS Health Status and Vital Statistics

Cancer, the leading cause of death from 2013 to 2015 in Arizona, was replaced by heart disease as the leading cause of death from 2016 to 2022. The third and fourth leading causes of death in Arizona from 2013 to 2022 included unintentional injury, chronic lower respiratory diseases, and COVID-19.

Arizona Leading Causes of Death

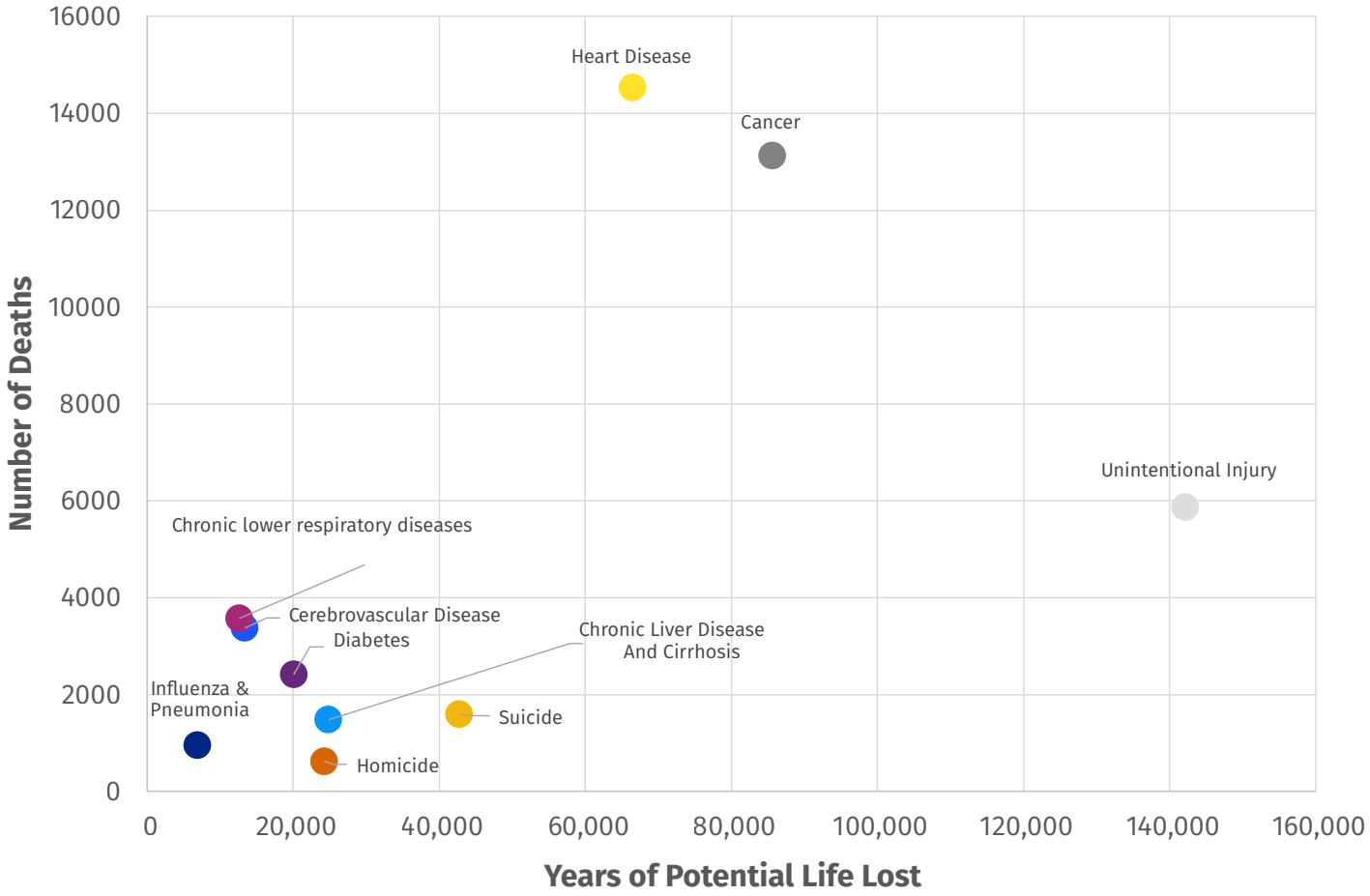
Cancer and heart disease continue as the top two causes of death for Arizonans. Notably, unintentional injury saw a rate increase from 46.3 to 74.8 per 100,000 population from 2013 to 2022.



Source: ADHS Health Status and Vital Statistics

2022 Arizona Leading Causes of Death, by Years of Potential Life Lost

Premature death, defined as death occurring before the age of 75, is measured in Years of Potential Life Lost (YPLL). The YPLL numbers presented here represent the total number of years of life lost by all the persons who suffered early deaths by a specific cause in the given year.



Source: ADHS Health Status and Vital Statistics

Since 2016, unintentional injuries such as overdoses and car crashes caused the most premature mortality in Arizona, followed by cancer and heart diseases. The number of years of potential life lost from unintentional injuries more than doubled over the last 10 years.

Infant mortality is the number of deaths of children under one year old.

Premature mortality is the number of deaths before the age of 75.

2022 Arizona Leading Causes of Death, by Age Group

Rank	Younger than 1 year	1-14 years	15 - 19 years	20-44 years	45-64 years	Older than 65 years
1	Congenital Anomalies 112	Unintentional injury 79	Unintentional injury 142	Unintentional injury 2,118	Cancer 2,674	Heart Disease 12,093
2	Short Gestation 90†	Cancer 21	Suicide 70†	Suicide 635	Heart Disease 2,148	Cancer 10,058
3	Unintentional injury 30†	Congenital Anomalies 18	Homicide 69	Homicide 367	Unintentional injury 1,664	COVID-19 3,523
4	Maternal Complications 18	Homicide 15	Cancer 21	Cancer 360†	COVID-19 871	Chronic Lower Respiratory Disease 3,150
5	SIDS 14	Suicide 9	Heart Disease 6	Heart Disease 268	Diabetes 646	Cerebrovascular Disease 2,916

Source: ADHS Health Status and Vital Statistics

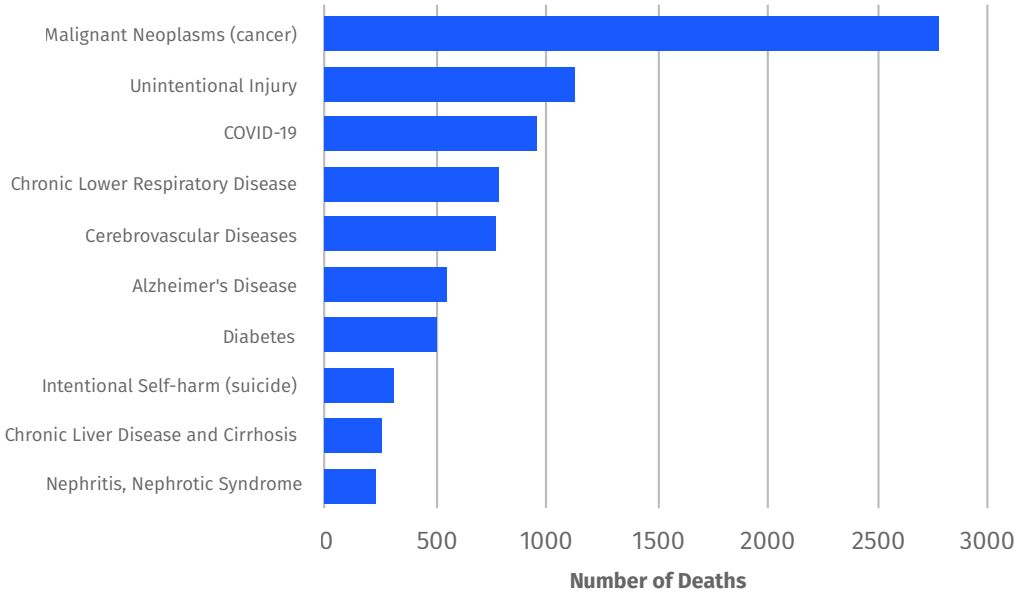
From 2013 to 2022, congenital anomalies were the leading cause of infant mortality. For children, teenagers, and young adults, unintentional injury was the leading cause of death, accounting for 30% of child deaths and 40% of adolescent deaths. Cancer was the second leading cause of death for children. Suicide was the second leading cause of death for adolescents and young adults.

During the same period, middle-aged adults died from chronic disease more often than younger groups. The leading cause of death among middle-aged adults was cancer followed by heart disease.

Among older adults, heart disease followed by cancer were the leading causes of death, which together accounted for about 40% of deaths among older adults in 2022. Older adults were also impacted by COVID-19, which killed more than one in 10 adults over 65 in 2020 and 2021.

2022 Arizona Leading Causes of Death, Border Region

The leading causes of death in 2022 for our border region are similar to what we see at a state-wide level.



Source: ADHS Health Status and Vital Statistics

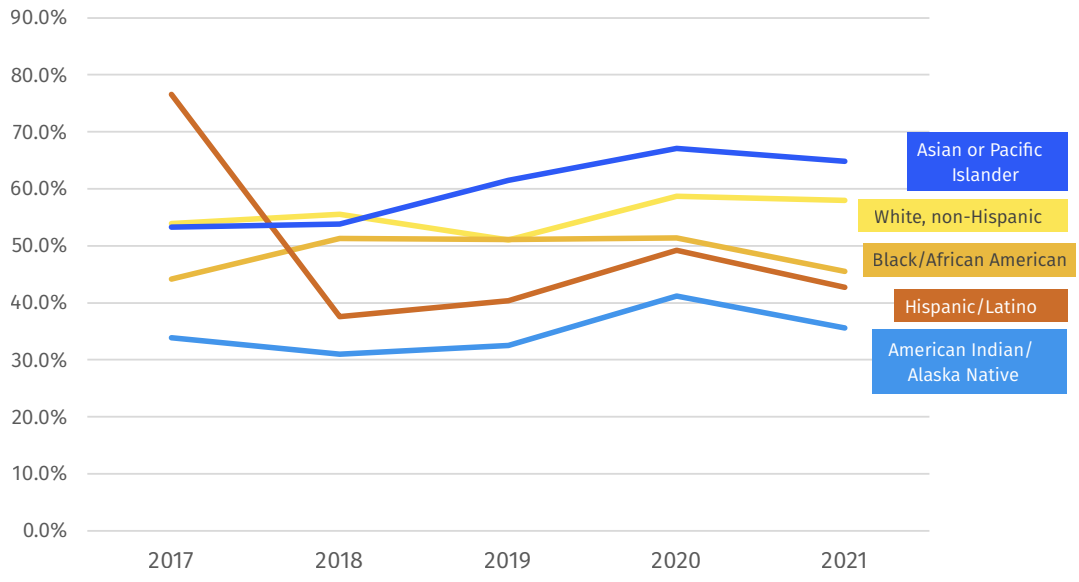
Border Region Counties

Yuma
Pima
Santa Cruz
Cochise

In the counties along Arizona's southern border, heart disease was the leading cause of death from 2015 to 2022. For most of that period, heart disease and cancer were also the leading causes of death in non-border counties.

Adults Reporting Excellent or Very Good Health, by Race/Ethnicity

The percentage of Arizona adults who reported being in very good or excellent health was lowest for Blacks, Hispanic/Latino, and Native American/Alaska Native individuals.



Source: Behavioral Risk Factor Surveillance System

From 2017 to 2021, the percentage of adults reporting good health ranged widely across racial and ethnic groups. On average, Asians reported their health as very good or excellent the most often whereas Native Americans were the least likely to report their health as very good or excellent. Hispanic and Latino adults had the greatest decrease in reported health from 2017 to 2021.

Arizona Age-Adjusted Mortality for the Five Leading Causes of Death, by Race/Ethnicity

White, non-Hispanic	1. Heart Disease	151.3
	2. Cancer	136.5
	3. Unintentional Injury	71.8
	4. COVID-19	41.75
	5. Chronic Lower Respiratory Disease	40.1
	6. Alzheimer's Disease	28.6
Hispanic or Latino	1. Heart Disease	121.2
	2. Cancer	113.8
	3. Unintentional Injury	63.3
	4. COVID-19	62.7
	5. Diabetes	39.5
	6. Cerebrovascular Disease	38.3
Black or African American	1. Heart Disease	194.9
	2. Cancer	166.1
	3. Unintentional Injury	91.2
	4. Cerebrovascular Disease	54.2
	5. COVID-19	52.7
	6. Diabetes	42.4
	7. Alzheimer's Disease	35.7
Native American/ Alaska Native	1. Unintentional Injury	206.5
	2. Heart Disease	156.1
	3. Cancer	139.3
	4. COVID-19	116.7
	5. Cirrhosis	106.0
	6. Diabetes	88.0
Asian or Pacific Islander	1. Cancer	102.7
	2. Heart Disease	88.9
	3. Unintentional Injury	31.1
	4. COVID-19	30.1
	5. Cerebrovascular Disease	29.4
	6. Diabetes	19.4
	7. Alzheimer's Disease	17.3

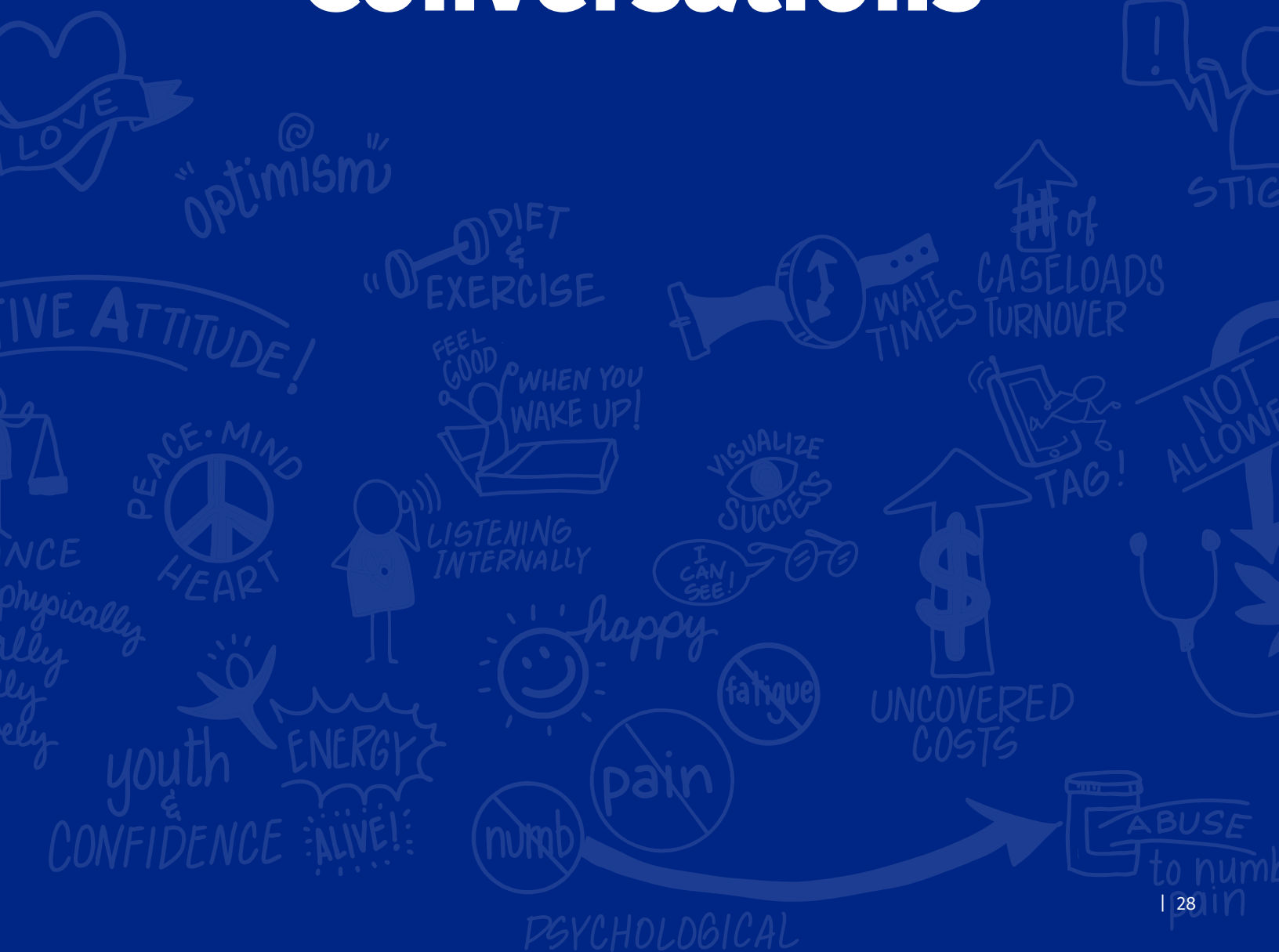
Source: ADHS Health Status and Vital Statistics

What is an age-adjusted mortality rate? Because mortality from most causes of death occurs predominately among the elderly, a population group with a larger proportion of older persons would have a higher mortality rate. The "age-adjustment" removes the effect of the age differences among sub-populations (or in the same population over time) by placing them all in a population with a standard age distribution.

Heart disease was the leading cause of death for Black and White Arizonans from 2016 to 2022. For Hispanics, heart disease and cancer were either the first or second leading causes of death most years from 2013 to 2022.

During the 2020-21 pandemic, COVID-19 was the leading cause of death for Hispanics and Native Americans. Outside of the 2020-21 period, heart disease and unintentional injury were leading causes of death for Native Americans. In 2021, COVID-19 was the leading cause of death among Asian or Pacific Islanders, followed by heart disease and cancer. Before and after the COVID-19 pandemic, cancer was the leading cause of death for this group.

Community Conversations



ADOLESCENTS

What is health?
Adolescents define health through a wide lens that includes physical, mental, and emotional health. To adolescents, being healthy feels like being happy, clean, and restful. Natural foods, exercise, sports (especially soccer), and the outdoors help adolescents feel healthy. Friends and social media can also influence health. Some adolescents spoke about social media as a mental escape or a source of health information sharing. Others described it as toxic, addictive, and overwhelming.

Strengths
Community strengths that support adolescent health include the outdoors, walking paths, clean water, school, and family support. Adolescents want to contribute to their communities through clean-up projects or tree planting. Well-maintained soccer fields and places to hang out with friends are an important community asset, but there are few places in the community to gather besides school or studying spaces.

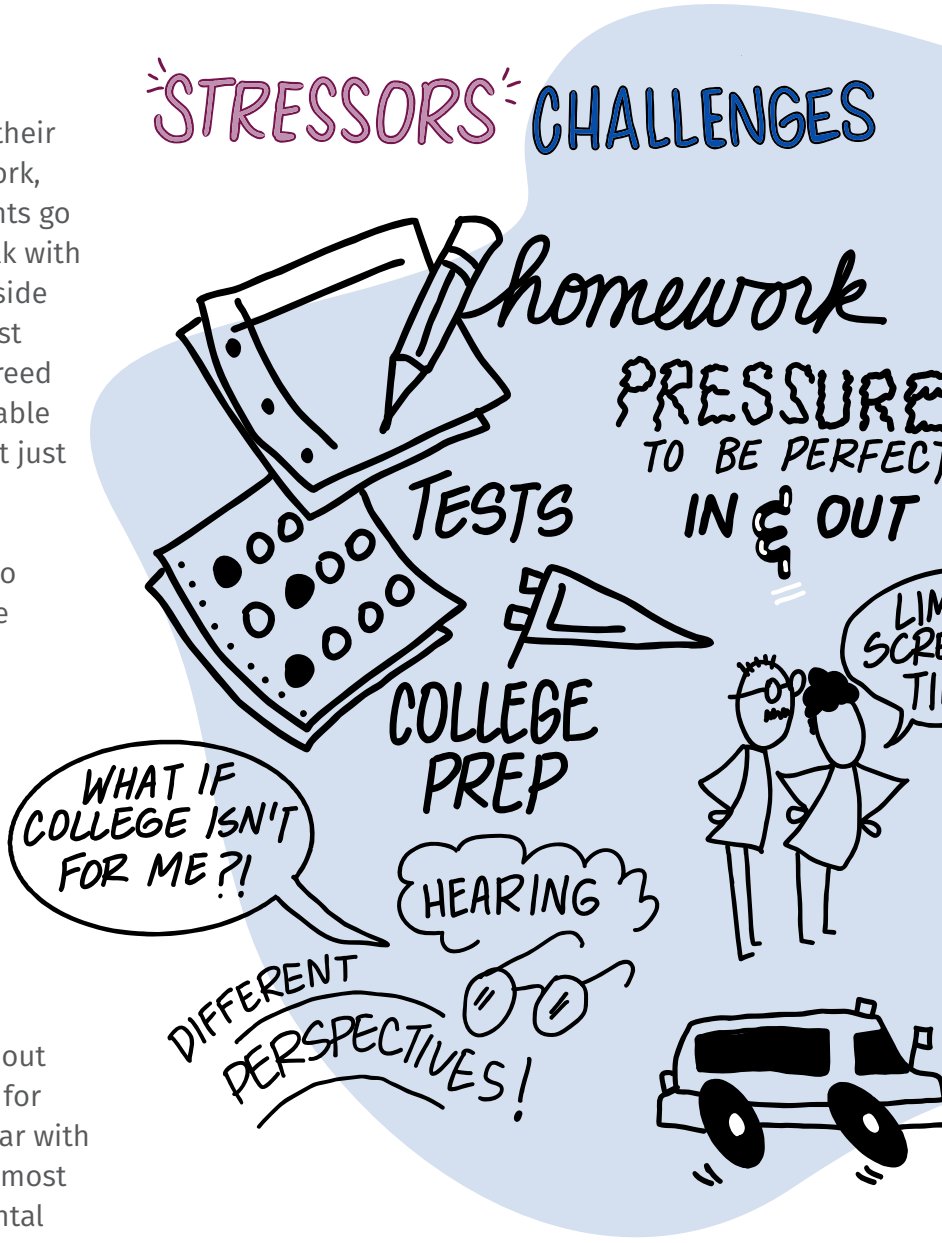
Challenges

Adolescents face pressure from themselves, their families, and society to succeed in school, work, and social life. To cope with stress, adolescents go on walks, listen to music, sleep, draw, and talk with friends. Access to mental health support outside of school can be limited by insurance and cost barriers. All listening session participants agreed that school counselors should be more available for emotional and mental health support, not just academic guidance.

Some parts of the community environment do not contribute to health. Public transit can be unwelcoming, with unshaded bus stops and unclean buses. Communities need walking spaces, sidewalks and trails that are well lit and better maintained. The lack of accessible and clean public toilets force adolescents to spend money at a private business just to use the restroom.

Priorities

Adolescents need more places to gather without spending money and professionals to talk to for mental support. Some adolescents are familiar with navigating insurance and others are not, but most view insurance difficulties as a barrier to mental health support.



"High school is when you are figuring yourself out and trying to work and trying to maintain a social network with friends. It's a lot. There's no help for this mentally and emotionally at school."

Adolescent community member

Adolescents hope for a cleaner and healthier environment. They want to see more trees planted and they want to be a part of that process. They want to see well maintained parks and facilities and access to quality sports equipment at schools to stay active.

They also share a strong empathy for challenges among people who are unsheltered. Some listening session participants described being unsheltered themselves. Some recently transitioned into housing. Others had experiences with stable home environments. They felt that addressing the housing crisis should be prioritized to benefit everyone.

Participants in community listening sessions wished for “more opportunities like these where we talk to each other and you hear us.”

COMMUNITY HEALTH THEMES: ADOLESCENTS

- Mental health is a priority.
- Pressure to succeed impacts health.
- Connection is important. Friends and sports are a source of connection.
- There is a strong awareness of community design and how it impacts health.
- There is a strong desire to support others with consideration for ‘health and well-being for all.’

AGING ADULTS

What is health?
Being healthy makes older adults feel happy, relieved, and joyful. Eating in moderation, taking the correct medications, and being able to move safely and without pain are all part of what it means for older adults to feel healthy. Friends, good neighbors, walks around the neighborhood, and uninterrupted sleep support health and well-being.

Strengths
Community strengths that support health and well-being for older adults include social connections, transportation services, and internet access.

Social gatherings at churches, restaurants, and cafecito (coffee hour) help older adults stay connected to each other and their community. Living near family and friends is also a strength.

Many older adults rely on senior transportation services to get to doctor appointments or pick up groceries. Some take public transit, but have trouble navigating complex routes or coping with the summer heat.

> *"Bus and van services are very important to us."*
>
> **Older adult community member**

Internet access offers entertainment and allows older adults to research health information and access providers and medical portals. Older adults at senior housing sites describe the value of discounted internet, and worry about cost barriers that could result in lack of access.

Challenges

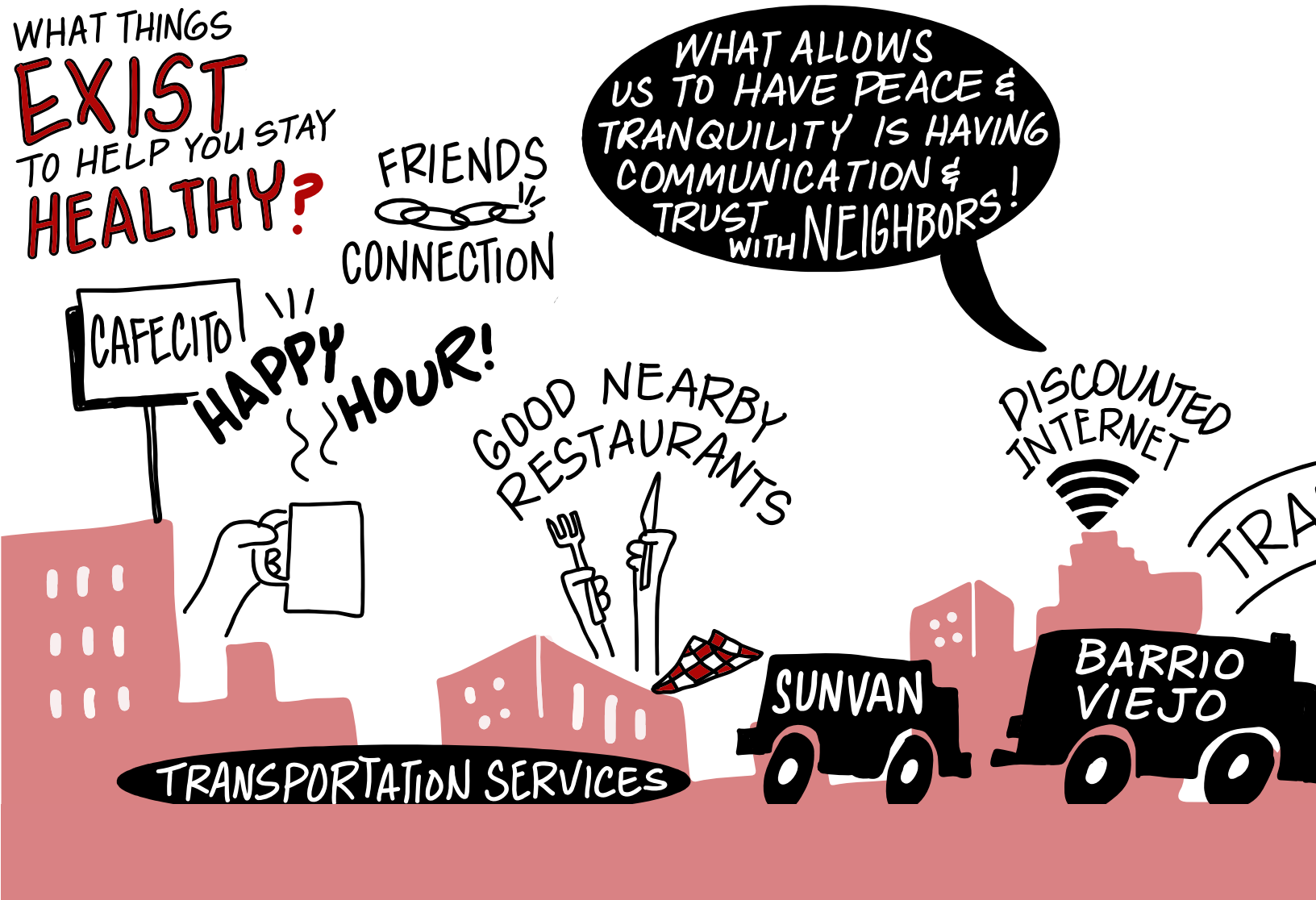
Older adults have concerns associated with feelings of safety in the community. These concerns include wildlife encounters with javelinas or coyotes, poorly maintained sidewalks with roots and other trip hazards, and increasing numbers of people who are unsheltered or using substances outside senior living centers.

Gathering spaces that closed during COVID and never reopened are another challenge. Older adults want spaces to dance, sew, exercise, and chat, but feel isolated by the lack of community gathering spaces.

Priorities
Older adults emphasize the importance of educational opportunities such as nutrition and technology classes. They hope for community gathering events, cultural celebrations, and the chance to gather with people of all ages. Importantly, older adults want to feel active and engaged in the community — to be part of the change they want to see in their communities.

COMMUNITY HEALTH THEMES: AGING ADULTS

- More connection opportunities are needed.
- Older adults felt disproportionately impacted by the isolation from COVID-19 closures. Shared gathering spaces are important.
- Transportation access is critical for independence.
- Neighborhood safety supports outdoor activities and movement for older adults.



BLACK/AFRICAN AMERICAN

What is health?
Black community members describe health as physical, mental, and spiritual. They associate good health with eating in moderation as well as physical movement like hiking, walking, and climbing stairs. Many participants in the listening sessions moved to Arizona for the healthy climate and environment. Family dynamics also have an impact on health, so it is important to balance busy work schedules with family activities to sustain a healthy family unit.

"Our basic necessities seem to be met here in Arizona. We also have a lot of different clubs and groups that connect people to be healthier."

Black community member

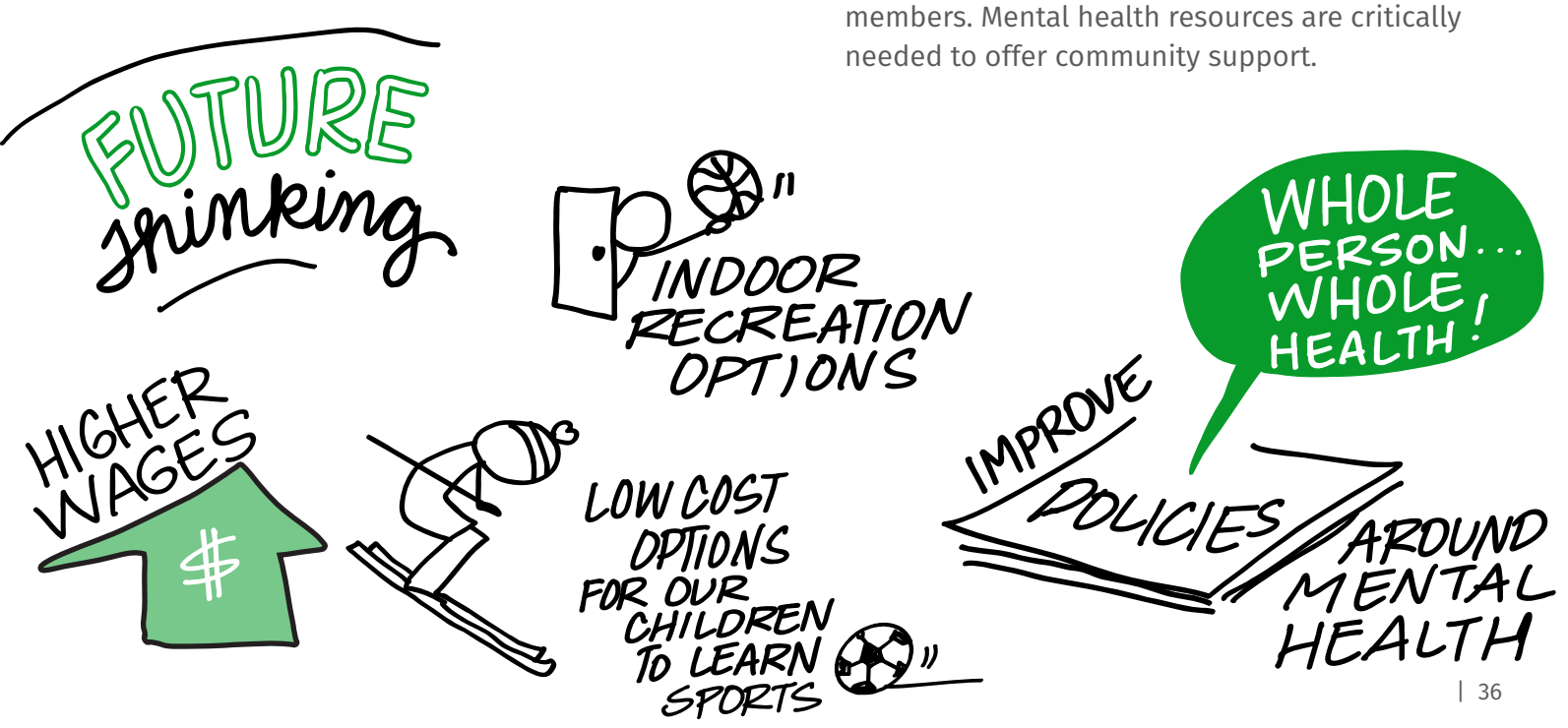
Strengths
Black community members appreciate workplace benefits such as insurance and health incentive programs, as well as the mental health benefits of diversity programs such as lunch-and-learns that provide a safe space to share experiences.

Access to healthcare providers and medical systems is also an important asset. Clustering social and medical services in one location supports people who have limited time or transportation. Participants also appreciate medical van services that help get people who are homebound or don't have cars to important medical appointments.

Additional assets that support community health include access to parks and trails, silver sneakers classes, and community centers. However, participation is limited at community sites that charge fees for usage.

Finally, Black listening session participants felt that Arizona has many nonprofits that focus on people who are low-income. These supports, including those that support free check-ups and dental services for the people who need it most, are a strong community asset.

Challenges
Financial stressors such as the rising cost of housing, food, community activities, and healthcare cause daily anxiety. Black community members describe long waits and sometimes travel over 50 miles just to see a specialty health provider. Fees for outdoor activities, community recreation space, and youth sports reduce access to these benefits for some Black community members. Mental health resources are critically needed to offer community support.



Priorities

Free, multi-use recreation spaces — especially indoor spaces for children with basketball, soccer, swimming, and gathering places — are important to Black community members. Likewise, social services should be clustered with mental, dental, and vision health services in a single location. Ideally, these spaces should be embedded in the community to reduce transportation barriers.

COMMUNITY HEALTH THEMES: BLACK/ AFRICAN AMERICAN

- Mental and spiritual health is a priority.
- Free and low-cost indoor and outdoor recreation opportunities are important.
- Specialty care and behavioral health are difficult to access.
- Financial stress has a large impact on overall well-being.

NATIVE AMERICAN

What is health?
For Native American community members, being healthy means "doing things in Native ways" with cultural and spiritual balance. Their relationships with each other and the earth are part of healing. Healthy eating means less fast food, more home cooking, and eating close to the land. Access to quality fresh food is important. Some community listening session participants described fasting as helpful and others underlined the importance of eating Native foods.

Strengths
Culture and connection to other Native people is an important asset for Native American community members. Their long history of resilience is a strength that has been passed down through generations. Native ways that provide further strength include song, prayer, natural teas, herbs, and caring for the earth. Cultural events and sweat lodges are also seen as supporting well-being, although it can be hard to access those connections, especially for urban Native people.

"Health is culture. Today we have an important ceremony on the Rez. I feel unhealthy because I can't be there. If we go back to the culture, it teaches us everything we need to be healthy."

Native American community member

Challenges

Transportation barriers are a key challenge. Dependence on public transit or shared transportation can make it difficult for Native American community members who depend on public transit or shared transportation to visit the reservations.

A lack of trust impacts access to healthcare and health education. Native Americans may feel unsafe sharing information with non-Native providers or question whether care by non-Native providers will meet their unique needs. Mistrust of social media algorithms and advertisements call into question the trustworthiness of health information online or on social media.

Cost barriers also limit access to care. Even community members with good paying jobs struggle to afford healthcare because insurance doesn't cover preventative care or traditional Native health practices.

Priorities

Native American community members hope for more accessible and affordable medical and mental health options rooted in Native ways. Mental health supports should be delivered by Native providers to address trauma, resilience, and recovery in a way that respects Native cultures. A range of educational opportunities, including nutrition, dental care, gardening, and the connection with nature should be offered after-hours for working people and parents. Lastly, Native American community members wish for increased respect for the earth and a focus on cultural humility and respect from non-Native people as guests on Native land.

COMMUNITY HEALTH THEMES: NATIVE AMERICAN

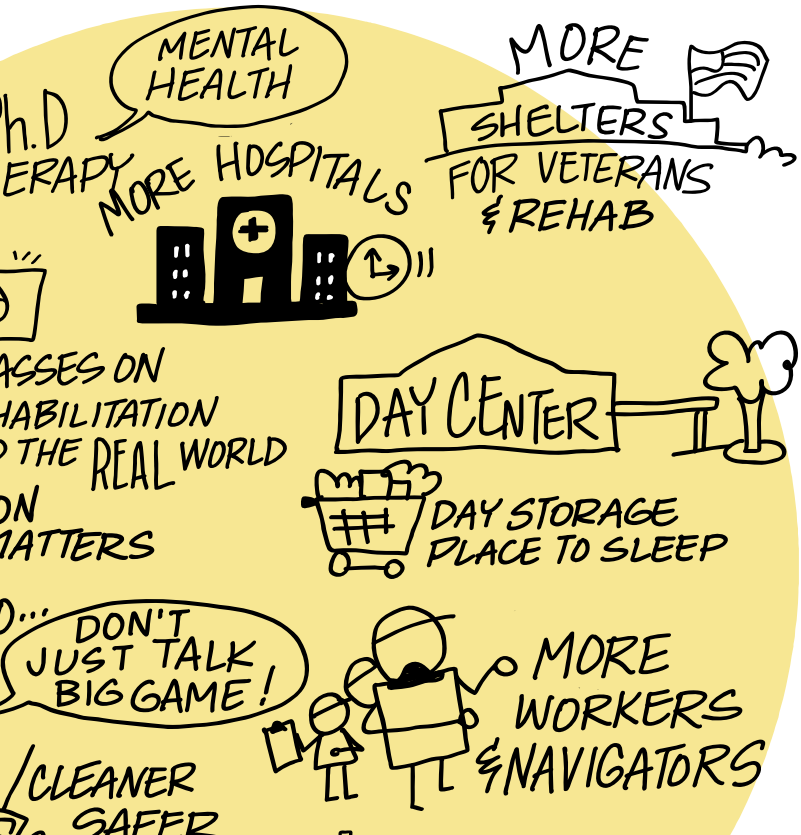
- Health is culture, spirituality, prayer, and movement beyond western practices and beliefs.
- Native providers and more Native services are needed.
- Respect and culturally-appropriate framing of health messaging is a priority.
- Relationships with each other and the earth support resiliency.
- Transportation barriers impact well-being.

INDIVIDUALS EXPERIENCING HOUSELESSNESS

What is health?
To someone experiencing houselessness, health means having basic needs met. Many members of this group travel by bike or on foot. They value being mobile and moving without pain. Mental clarity is important, as is staying sober and quitting smoking. Many feel they have less rights as a human just because they are unsheltered. Feeling "seen" is critical to their health and well-being.

"Health is a shower and being out of the cold."

Community member experiencing houselessness



Strengths
Community assets that support the health of people experiencing houselessness include the Arizona Healthcare Cost Containment system (AHCCCS) as well as area shelters and pantries. Kind and caring community members are also a strength. Compared to larger cities like Phoenix, Flagstaff offers a more caring and supportive community for people who are unsheltered. Some people who are unsheltered feel harassed by law enforcement, but others feel that law enforcement is just trying to keep everyone safe.

Challenges
The lack of mental health resources impacts people experiencing houselessness. Some listening session participants described not knowing how to manage post-traumatic stress disorder. Others emphasized the importance of talk therapy, not just medication.

People with disabilities who are unsheltered struggle to access disability benefits. Some navigate the system for years without success.

"I wish someone would take an interest in what it is I am going to tell them."

Community member experiencing houselessness

These challenges are worsened by the difficulties of not having a place to put their lives. Some cannot stay in shelters during the day, but feel targeted for harassment if they carry a backpack or sleeping bag. When they find somewhere free to camp, participants cannot start fires for warmth and face excavation from the city. Many listening session participants lost important personal documents when construction vehicles excavated their shelters.

Priorities

People experiencing houselessness wish for sustainable employment that will allow them to afford shelter. In the interim, they need day shelters that offer wrap-around support services to help them achieve their goals. Legal hurdles also contribute to cycles of unemployment that could be broken by more accessible legal representation. Lastly, people who are unsheltered have no way to prepare meals with ingredients from grocery stores. They hope for more options to use food assistance benefits to get hot meals.

COMMUNITY HEALTH THEMES: PEOPLE EXPERIENCING HOUSELESSNESS

- Health is having basic needs met.
- It is important to feel seen without stigma and judgment.
- Being harassed and targeted gets in the way of stable housing and employment.

HISPANIC

What is health?
For Hispanic community members, health is bound together with family life. Good health, emotional wellness, and a healthy diet are linked with feelings of connection with friends and family.

Strengths
Community assets include outdoor spaces such as parks, walking paths, and bike lanes. Track facilities at area schools offer the chance to get exercise when other parts of the community feel unsafe. Community spaces that offer free activities for children, such as roller skating and soccer, also support good health. While medical providers are present in the community, some community members cannot access them due to their immigration status.

"We want to feel safe when playing with our children at the parks and unhoused individuals need a place as well. It feels like we are encroaching in unhoused people's space when going to parks or reserving ramadas."

Hispanic community member

Challenges

Outdoor public spaces, though valued, are often poorly lit or poorly maintained. Hispanic community members worry about the lack of mental health support for people who are unsheltered, which exposes participants' children to behaviors that are difficult to understand.

Some Hispanic community members who are trying to make a new life experience mental health challenges while working, attending school, and seeking citizenship. Many who want to do things "right" end up frustrated with the system.

Many Hispanic participants in the listening sessions were working mothers who also cared for elderly family members. They spent so much time caring for others that they neglected their own health needs.

Priorities
Priorities for Hispanic community members include an accessible pathway to citizenship, better maintenance of community spaces, and free home medical devices such as blood pressure monitors that would allow them to manage their own health conditions without "burdening" the medical system. Participants mentioned that the entire community would benefit if people experiencing houselessness had shelter and access to mental health support.

COMMUNITY HEALTH THEMES: HISPANIC

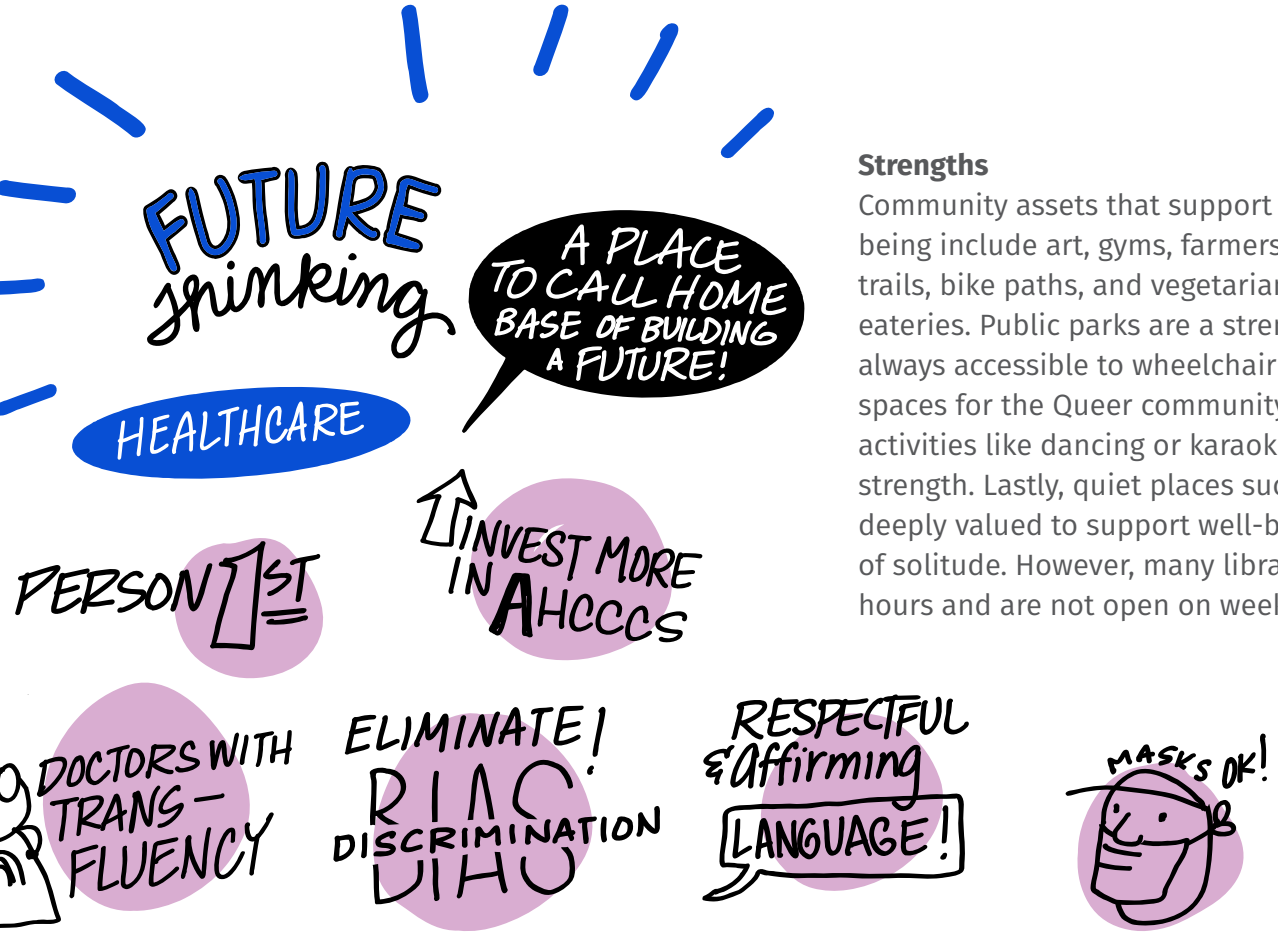
- Focus on whole-family health.
- After-hour care is important for working families.
- Even with insurance, the cost of medical care is a barrier to health.
- All-inclusive neighborhood community centers are valued.
- Mental health and safety support well-being.

LGBTQIA+

What is health?
LGBTQIA+ community members acknowledge that health looks different for everyone, but describe health as a balance of physical, occupation, emotional, and spiritual well-being. Being healthy feels calm, peaceful, proud, empowered, and emotionally prepared for adversity. The company of others supports positive mental well-being.

"I appreciate spaces where you don't feel weird for being Queer."

LGBTQIA+ community member



Strengths
Community assets that support health and well-being include art, gyms, farmers markets, walking trails, bike paths, and vegetarian and vegan eateries. Public parks are a strength, but not always accessible to wheelchair users. Inclusive spaces for the Queer community to gather for activities like dancing or karaoke are another strength. Lastly, quiet places such as libraries are deeply valued to support well-being in moments of solitude. However, many libraries have limited hours and are not open on weekends.

Challenges

The LGBTQIA+ community faces barriers in being understood by others. Therapy is a valuable source of support, but it can be difficult to find a therapist where members of this community can be heard without being judged or medicated. Employment in an affirming work environment offers mental health benefits, but may not provide health insurance.

Some people who are Queer feel as if they must jump through hoops to obtain coverage for care they feel is critical to their well-being. The lack of affirming medical care such as hormone replacement therapy and fertility care, as well as the use of ableist language in public health, remains a challenge.

"I don't know how to dream about what it would feel like to feel good."

LGBTQIA+ community member

Priorities

To better support well-being for LGBTQIA+ community members, it is important to address biases in healthcare by training providers on trans-fluency and Queer family support. Mental health support could be improved upon by more navigators who help work through institutional bureaucracies. Participants speak to the importance of opening doors of opportunity for others, including people experiencing houselessness.

COMMUNITY HEALTH THEMES: LGBTQIA+

- Prioritize mental health resources and support for all.
- Expand financial, nutrition, transportation, and legal assistance to better support basic needs.
- Focus on inclusive and affirming care across public health and healthcare.
- Improve access to safe community gathering spaces is needed.
- Better address the challenges faced by people experiencing houselessness.

PEOPLE LIVING WITH DISABILITIES AND CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS

What is health?
People living with disabilities and caregivers of children with special healthcare needs define health as good mental and spiritual health, a life without pain, and the ability to be your authentic self. Health is more about how a person feels than how they appear. It is more important to focus on what the body can do than what it cannot do.

"Trying to weave in time to care for my health while juggling my illness and a fulltime job and the body pain? It's all so hard."

Community member with disabilities

Strengths
Community spaces that support activities such as dance, skateboarding, roller skating, and accessible gardening bolster the health and well-being of people with disabilities as well as caregivers of children with special healthcare needs. Other strengths include public parks, libraries, animal shelters, outdoor environments, and safe spaces to play with pets and find solitude. Listening session participants with autism shared that they value friendships where they do not feel judged.

Challenges

Parks and social service buildings do not consider the effect lighting, color, and noise can have on people living with disabilities. The lack of safe spaces that prevent sensory overload can be a stressor with some groups.

"Disabilities exist in a perfect world. Health is creating a world that we all want to live in."

Community member with disabilities

Caregivers shoulder the pressure of providing constant support, and want opportunities that build independence in their children. However, they often do not feel safe sending an older child with special healthcare needs or disabilities into the community alone.

Participants in listening sessions feel hopeless and out of control as they navigate education, healthcare, and disability systems. While case managers can help, high turnover leads to poor care and less accessibility. Teachers, bus drivers, and healthcare workers lack education on disabilities and special healthcare needs, and sometimes make people with disabilities or children with special healthcare needs feel judged for being different.

"Treating others as charity work is not helpful. Is what is currently being funded and how it is being delivered vital to the community? Examine this and if not — change it."

Caregiver of a child with special healthcare needs

Priorities
People living with disabilities and caregivers of children with special healthcare needs acknowledge that people give up when systems are too difficult to navigate. Programs that support people with disabilities and children with special needs need more federal, state, and local funding to reduce the caseload for case managers who provide direct support.

It is also important to create welcoming and sensory-friendly spaces for people with disabilities and children with special healthcare needs. Services are more likely to be used if the user feels safe.

Lastly, listening session participants described the importance of services for children with special healthcare needs and disabilities as they transition from adolescents to adults.

COMMUNITY HEALTH THEMES: PEOPLE LIVING WITH DISABILITIES AND PARENTS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS

- Access to compassionate and accessible care is critical for well-being.
- Equip teachers and healthcare workers to respond to unique needs and address misconceptions and discriminations.
- More funding is needed to better address education, social services, and specialty care.
- Reduce caseloads and turnover for case managers.
- Rethink community spaces to be more accessible and offer a sense of connection.

REFUGEES

What is health?
To refugees who participated in community sessions, health meant getting enough sleep, exercising, having access to regular exams and checkups, and eating healthy foods that align with their religious beliefs. Religious belief and health can be deeply intertwined. Some community members explained that their religion improves their health by forbidding unhealthy habits like smoking, drinking, or eating pork.

Strengths
Connection with others, including fellow refugees and family members, supports health and well-being. Many refugees describe having (or being part of) a large, close-knit family. Specialty groceries and corner stores with fresh and familiar foods are also community strengths that support healthy eating habits. Parks and walking paths are another strength, although heat limits outdoor activities in the summer, and some listening session participants felt there were more dog parks than parks for children.

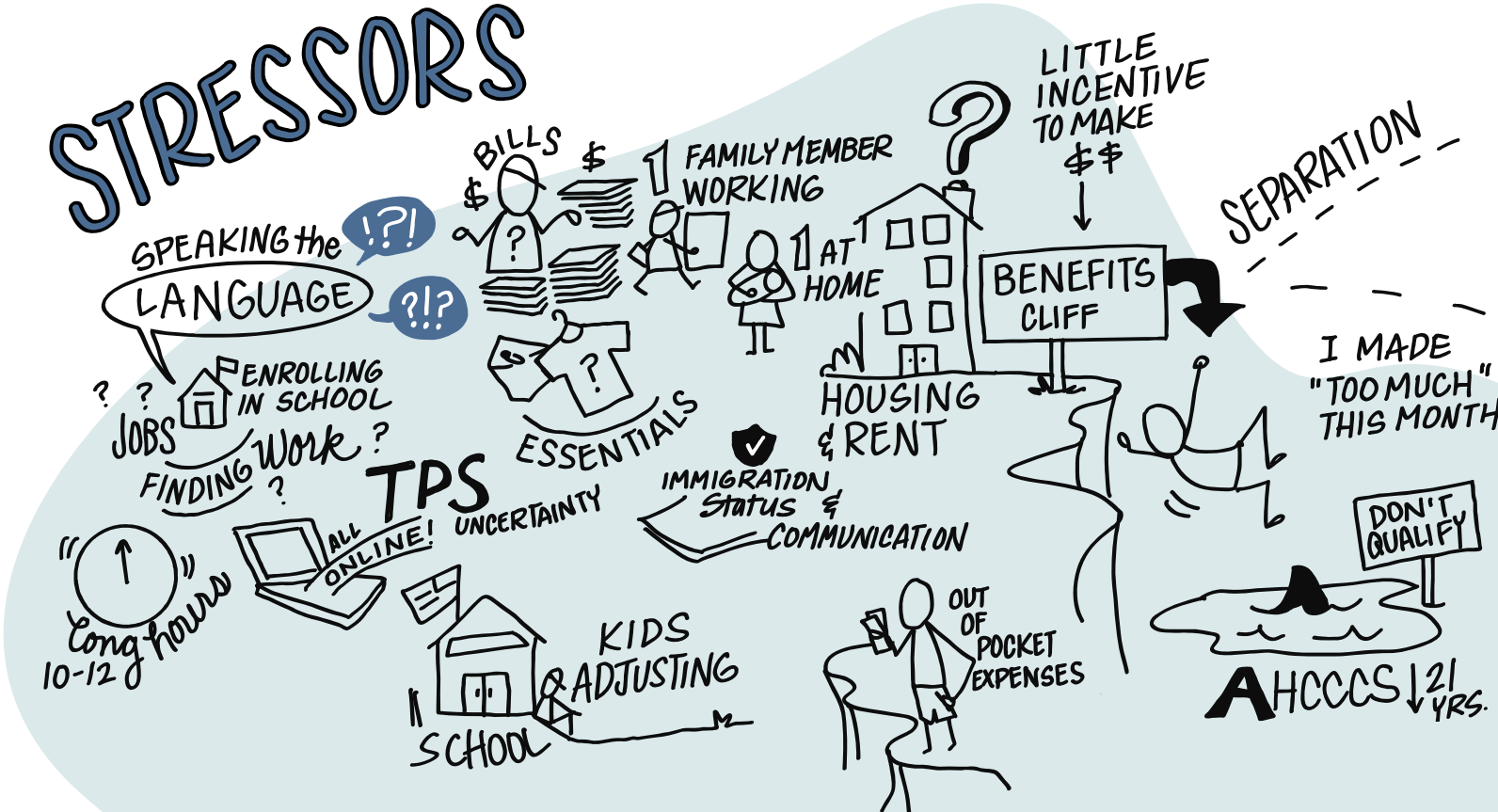
Challenges

For refugee families, it can be difficult to make ends meet. Refugee families with young children are often single-income households that struggle to pay the bills. Language difficulties pose a major barrier to employment, which impacts daily well-being. Although food and medical benefits help, one month of higher-than-expected income can cause a family to lose their benefits.

> *"It's very difficult that they don't — and we don't — speak the same language."*
>
> **Refugee community member**

Separation from family is another source of stress. Refugees may be separated from parents or spouses for a year or more. Some participants in community listening sessions wept while discussing the difficulty of getting information about the status of their case and their loved ones.

Vaccine requirements can be a barrier when enrolling children in schools because children in refugee families may be on a different vaccine schedule than American children. Children of refugee families may also have trouble fitting in with peers in schools with few refugee students.



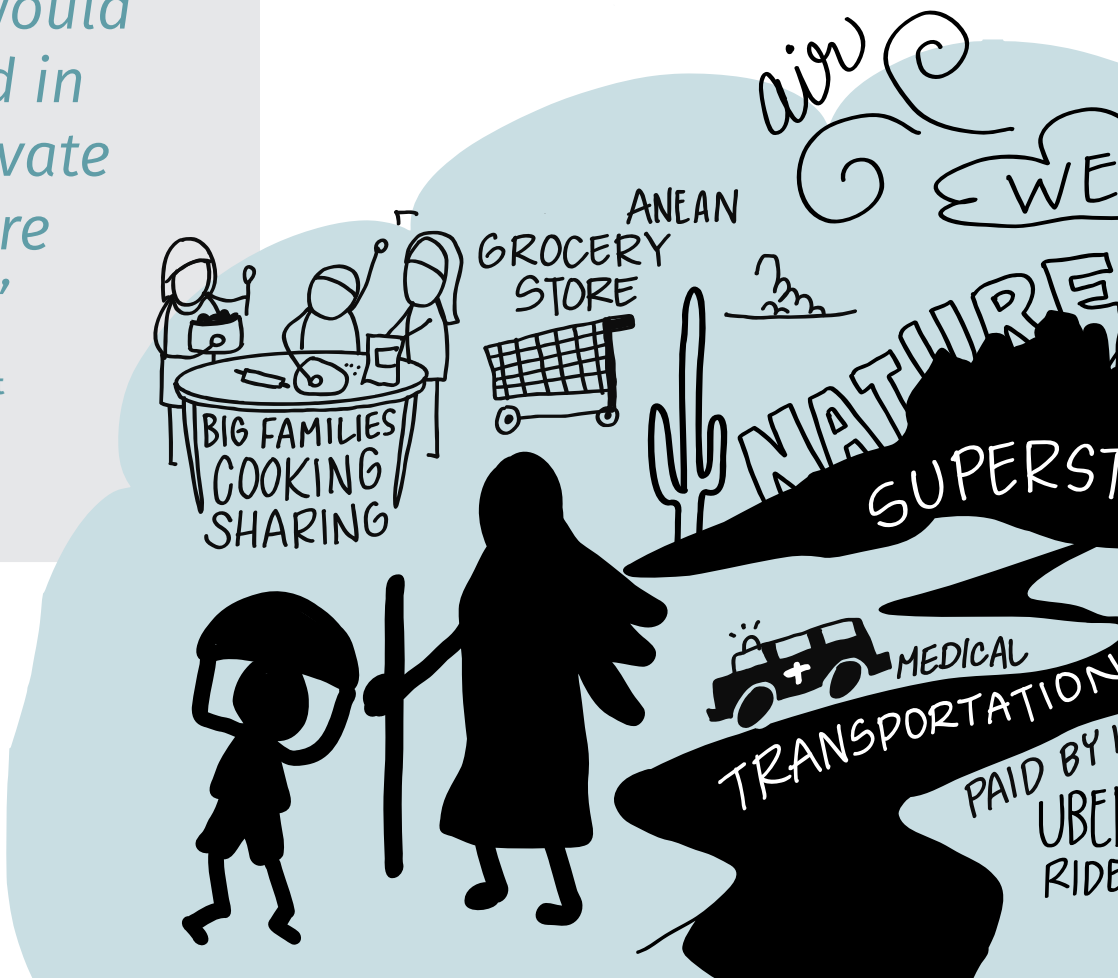
Priorities
Accessible language classes are a major priority. In the interim, the lack of translation and interpretation services limits healthcare options. Refugee families hope for improved access to dental care. Most participants in community listening sessions had no access to dental care due to the cost of insurance and age limits on state dental benefits. Lastly, many adult refugees in the listening sessions wished for more support to return to school and recognition of their existing education and skills in their countries of origin.

"I used to be a professor of psychology in Ukraine and would be interested in starting a private practice here if I could."

Refugee participant

COMMUNITY HEALTH THEMES: REFUGEES

- Family and community are the cornerstones of well-being for refugees.
- Isolation from loved ones negatively impacts mental health.
- Language classes, interpretation, and translation are the primary needs among refugees.
- Each refugee community has its own unique needs. Many of the existing assistance programs do not meet the needs of refugees.
- Access to dental care is critical for well-being.



VETERANS

What is health?
For veterans, being healthy feels like youth: confident, full of energy, and free of pain. Visualizing success helps to keep a positive attitude, although that can be challenging to do on a regular basis. Many veterans experience pain and fatigue every day. Activities to support health include eating in moderation, exercising, socializing, trying to quit smoking, reading, stretching, breathing, and getting sleep.

Strengths
Community strengths that support health and well-being include the outdoors, access to the Veterans Affairs (VA) healthcare system and civilian medical services, and community partners that provide access to shelter, food assistance, and the internet. Participants in community listening sessions appreciated being able to search online health databases to inform themselves about their health needs and questions. Veteran support groups can bolster mental well-being, as can podcasts hosted by people with shared lived experiences.

Challenges

Veterans have frustrations about the limits of the VA system, which does not cover innovative treatment options like stem cell therapy or prescription marijuana. When medical issues are not covered, the financial strain of healthcare expenses causes some veterans to become unsheltered.

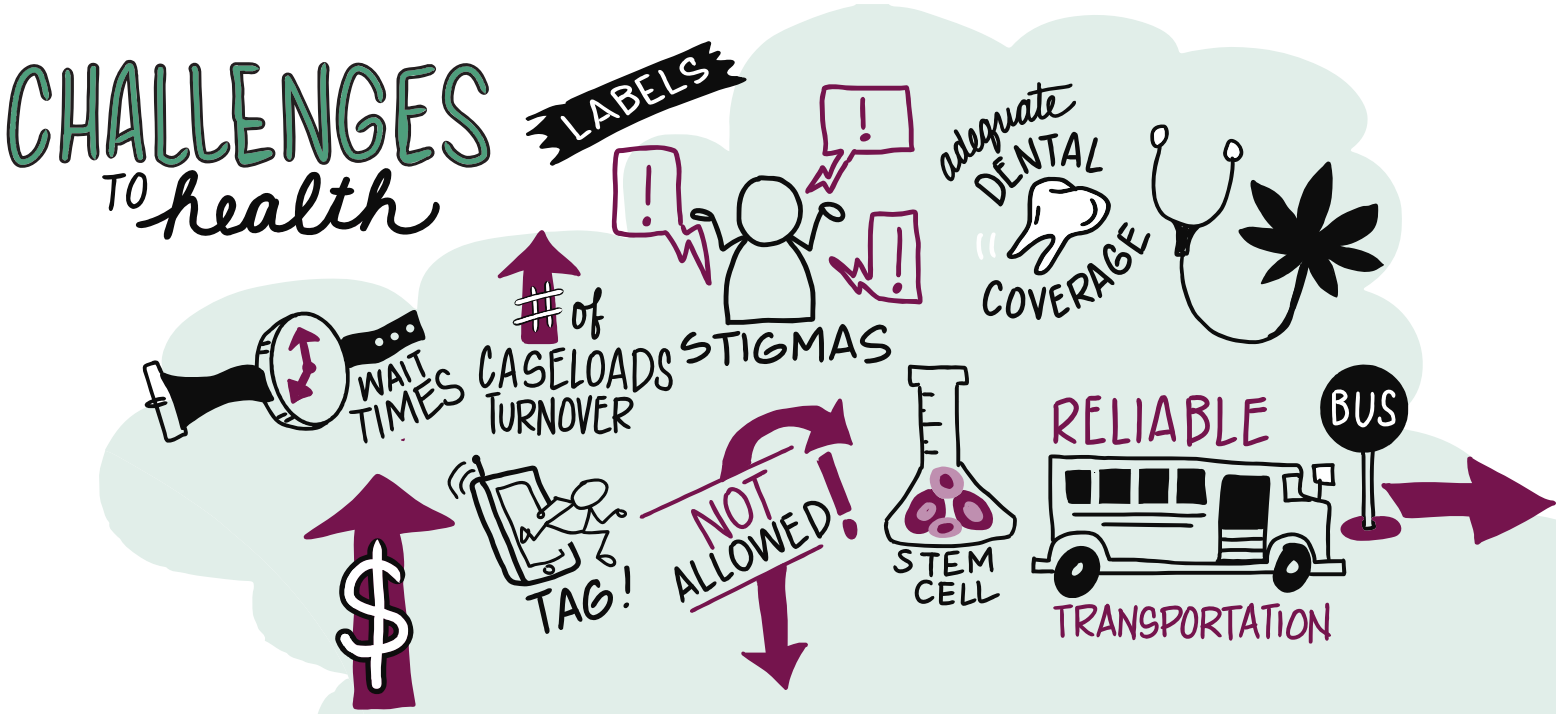
Differences in how the VA system works from state to state are another source of frustration. In Arizona, veterans may face long wait times for appointments. They may also experience poor bedside manner that causes them to feel like "just another number." Some feel that provider caseloads and turnover in the VA leads to worse health outcomes. Navigating medical records through the MyHealthVet portal can also be a source of frustration.

"It feels like people look down on us, especially if we have struggled with addiction or other issues as a result of PTSD."

Veteran community member

Veterans who have been prescribed pain medication may feel labeled as "drug addicts" by healthcare providers. This stigma impacts how they seek care. Some participants in listening sessions described substance misuse as a coping mechanism to numb themselves against physical and emotional pain.

Additional stressors include the lack of consistent work, job opportunities, and the lack of mental health support to help cope with trauma.



Priorities
Community listening session participants who served their country wanted to feel respect and understanding. They believed they had skills to offer, but sometimes felt micromanaged or infantilized by medical systems and social services. Many wished for more autonomy and felt that they could be informed decision-makers.

Other priorities for veterans include access to reliable transportation and increasing the number of healthcare providers with shared life experiences.

COMMUNITY HEALTH THEMES: VETERANS

- Focus on mental health resources and support.
- Transportation, job opportunities, and financial assistance support independence and autonomy.
- Improve provider turnover, wait times, and the patient portal at Arizona's VA system.
- Support systems including peer support, talk therapy, art and music therapy, and animal therapy, are critical for supporting well-being.

Health Issues

CHILD & FAMILY HEALTH

MATERNAL AND CHILD HEALTH

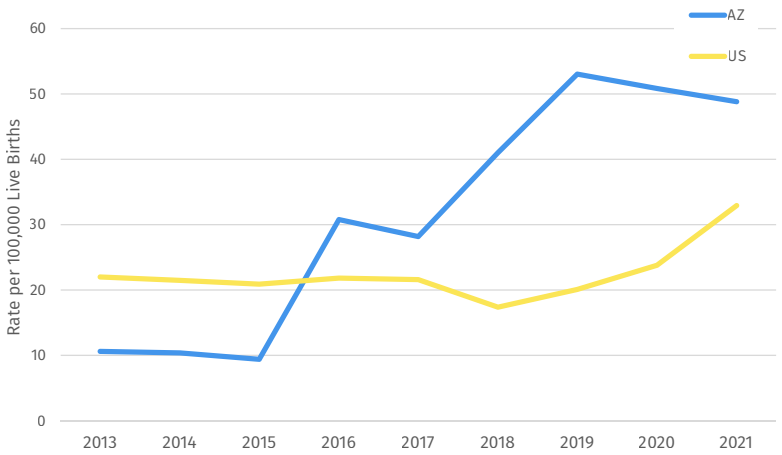
The health and well-being of mothers, infants, and children in Arizona will decide the health of the next generation. Today, serious health disparities affect families across Arizona.

Each year, about 70 mothers die within a year of their pregnancy. Ninety percent of those deaths are preventable, with over a fourth due to pregnancy-related causes. Nearly 60% of these are Hispanic, Black, or Native American mothers. Maternal deaths declined in urban counties but increased in rural areas. Mental health conditions were the most common underlying cause of pregnancy-related deaths, followed by cardiovascular conditions, hemorrhage, and infection.

32%

Maternal Mortality Rate

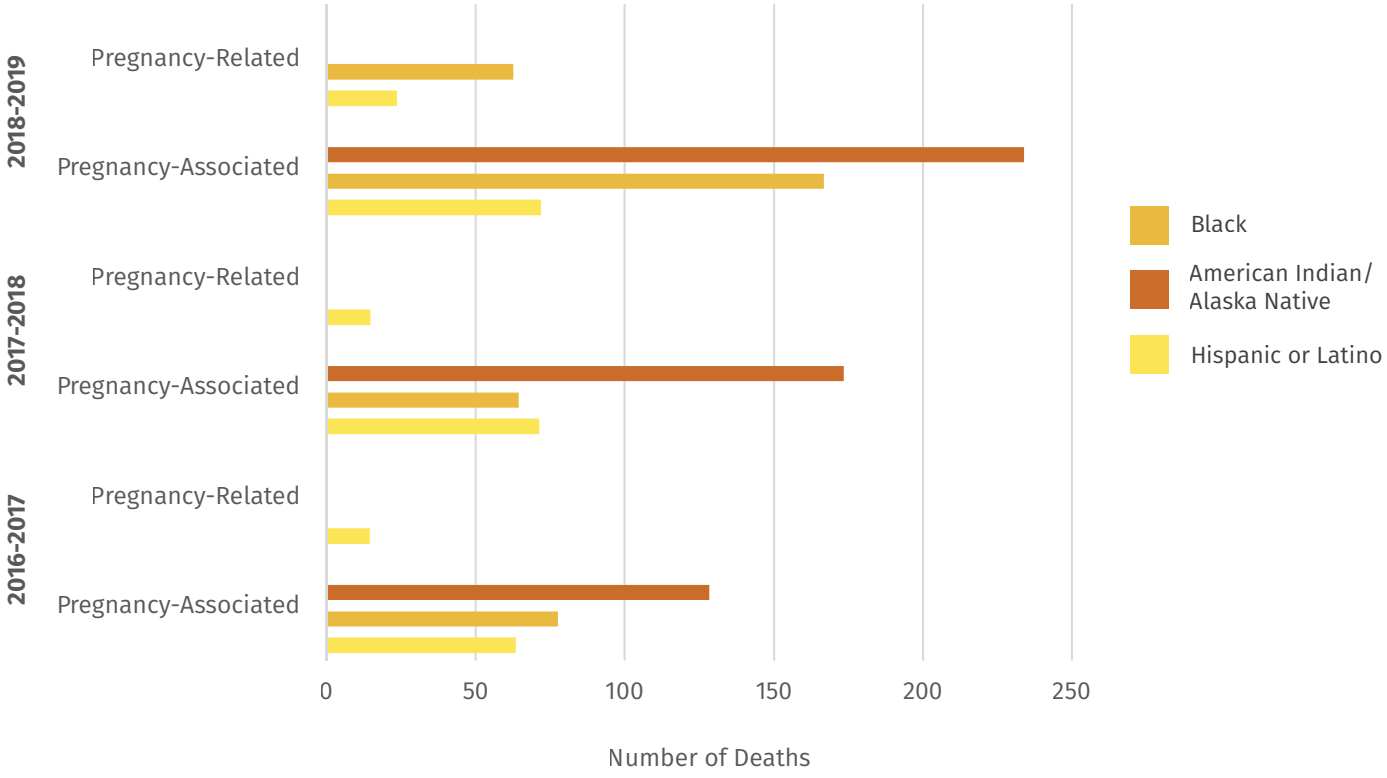
The rate of maternal mortality in Arizona has exceeded the rate seen in the US since 2016.



Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics

Maternal Mortality Review

The Maternal Mortality Review Committee is charged with reviewing maternal mortality and abstracting important information including whether the mortality was pregnancy related or pregnancy associated.



Source: ADHS Maternal Mortality Review Committee

Statewide Strategies to Address Maternal Mortality

1. Establish continuity of care to ensure timely care coordination between appropriate healthcare providers
2. Increase adoption of trauma- and culturally-informed practices for providers
3. Increase access to high quality mental and behavioral health services
4. Expand insurance coverage to provide adequate, timely, and value-based reimbursement mechanisms for the range of maternal health services beyond one year postpartum
5. Ensure providers in all settings are screening pregnant persons and their partners
6. Increase provider education about the perinatal period
7. Improve access to the full range of reproductive health services
8. Ensure facilities have adequate infrastructure, protocols, and procedures to improve readiness, prevention, recognition and response to obstetric emergencies
9. Address access to care barriers such as for pregnant and postpartum individuals related to income insecurity
10. Increase patient education about substance use and misuse

"Women tend to be the pillars of homes, even when there is a husband. We have to do it all for the family."

Hispanic community member

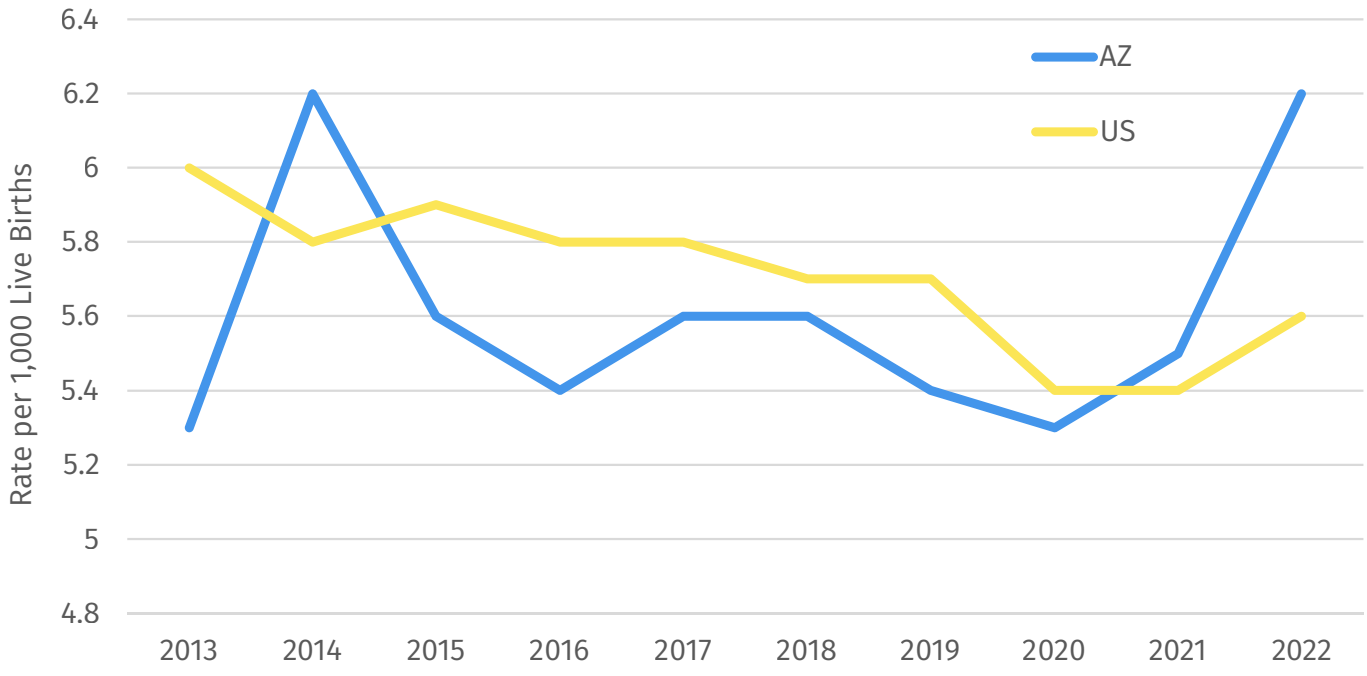
Tragically, we also lose nearly 500 infants before their first birthday and experience around 650 fetal deaths every year. As of 2022, the infant mortality rate in Arizona rose to its highest level in a decade: six deaths in a thousand live births. Today, Arizona ranks 26th in the nation for infant mortality. Black and Native American infants have consistently had higher rates of infant mortality since 2013.

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS YOUNGER THAN 1 YEAR OLD		
	2013	2022
Congenital Anomalies	1.2	1.4
Short Gestation	0.7	1.1
Maternal Complications	0.3	0.2
Unintentional Injury	0.2	0.4
SIDS	0.2	0.2

Source: ADHS Health Status and Vital Statistics (rate per 1,000 live births)

Infant Mortality Rate

The infant mortality rate in Arizona has seen a spike in 2022 with the highest level in a decade.

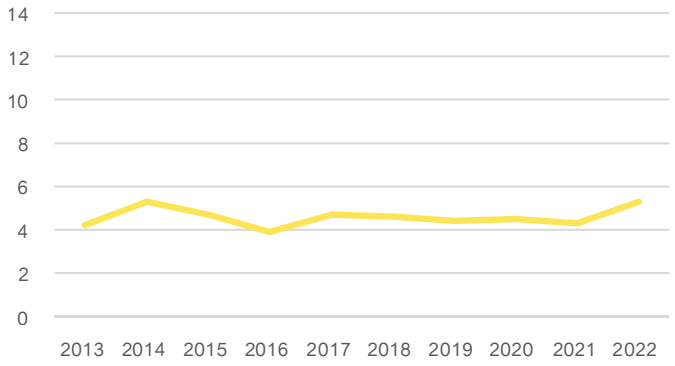


Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics

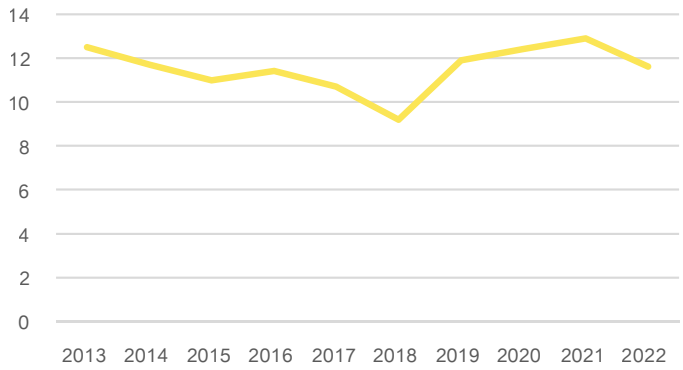
Infant Mortality Rate, by Race/Ethnicity

There continues to be disparities in infant mortality across Race and Ethnicity groups. Black and American Indian/Alaska Native infants have consistently had higher rates of infant mortality since 2013.

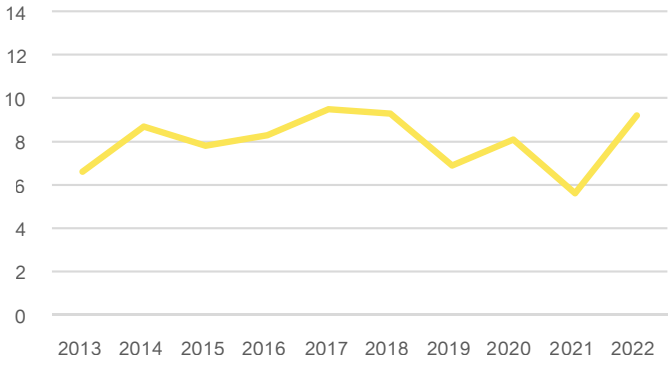
White, Non-Hispanic



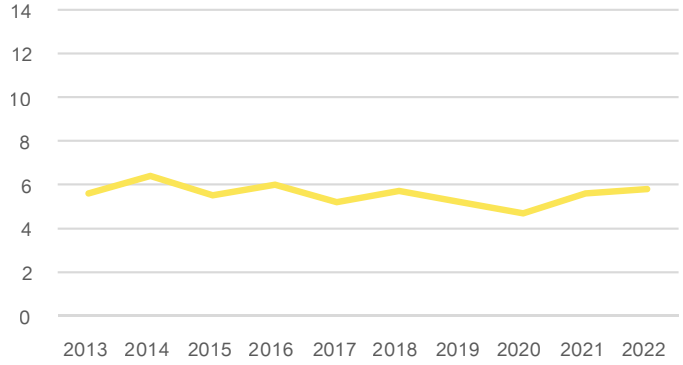
Black/African American



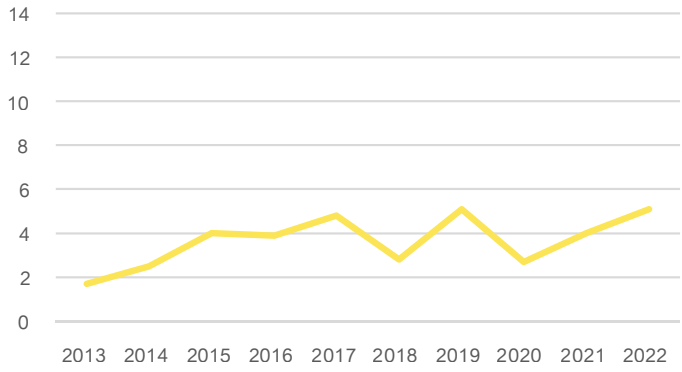
American Indian/Alaska Native



Hispanic/Latino



Asian or Pacific Islander



Source: ADHS Health Status and Vital Statistics (rate per 1,000 live births)

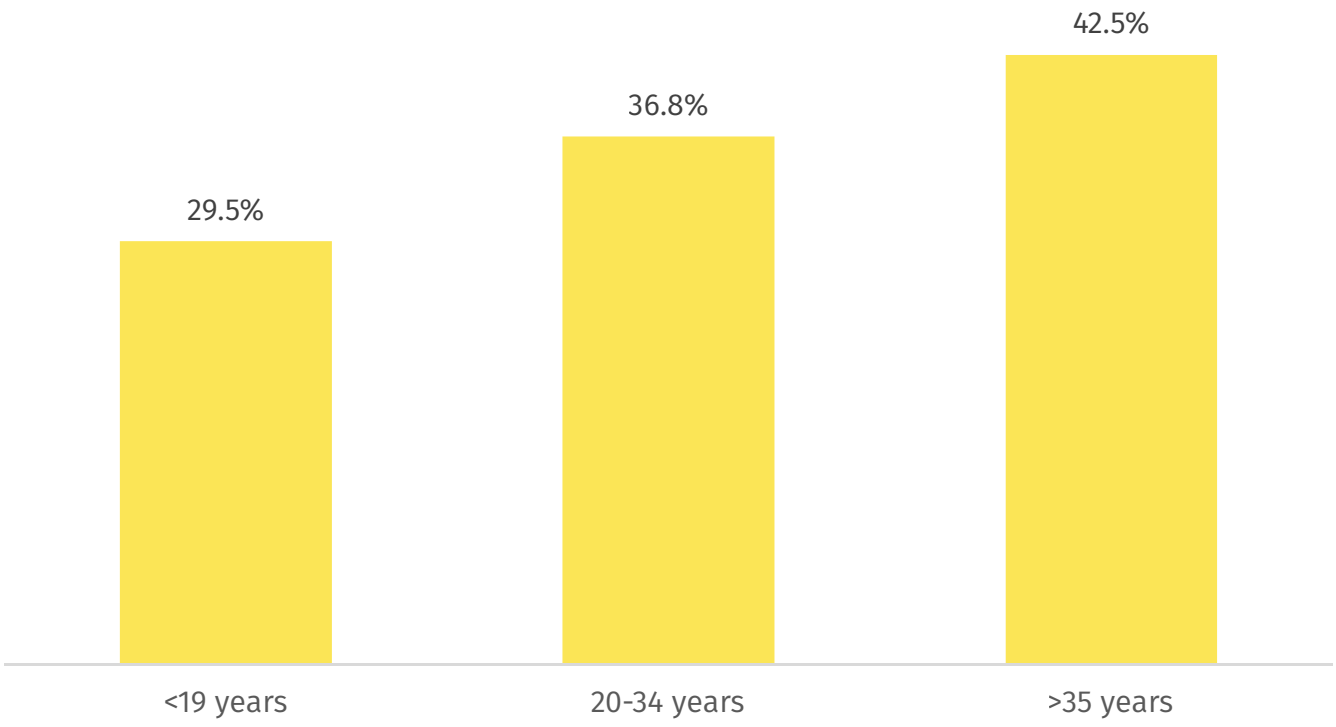
ORAL HEALTH

In many cases, neither pregnant women nor health professionals understand that oral healthcare is an important component of a healthy pregnancy. In addition to providing pregnant women with oral healthcare, educating them about preventing and treating dental caries, a kind of tooth decay, is critical for women's own oral health and for the future oral health of their children. Evidence suggests that most infants and young children acquire caries-causing bacteria from their mothers. Providing pregnant women with counseling to promote healthy oral health behaviors may reduce the transmission of such bacteria from mothers to infants and young children, thereby delaying or preventing the onset of caries.

The health of a woman's mouth is an essential part of a healthy pregnancy for both the mother and the fetus. Poor oral health has been linked to preeclampsia and preterm, low birthweight babies. It is also an important indicator of the future child's risk for developing tooth decay, the most common chronic childhood disease in the United States. Preventive, diagnostic, and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining oral health. However, health professionals often do not provide oral healthcare to pregnant women. At the same time, pregnant women, including some with obvious signs of oral disease, often do not seek or receive care.

Dental Cleaning During Pregnancy, by Age Group

In 2021, a total of 37.4% individuals received a dental cleaning during pregnancy. This then varied by age groups with those 35 years and older with the highest percentage.



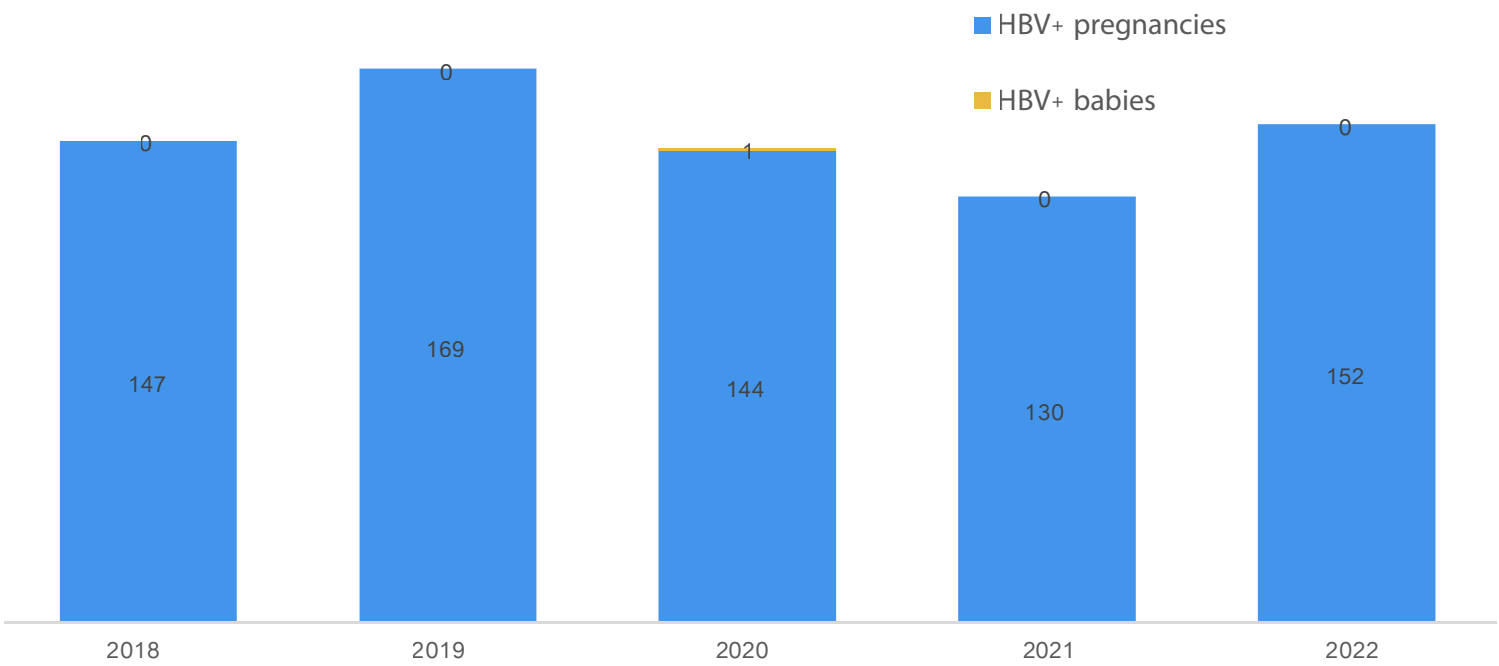
Source: Pregnancy Risk Assessment Monitoring System

Pregnant women who are infected with hepatitis B virus (HBV) have a high likelihood of passing the infection to their infant. Most children infected with HBV in this way develop chronic HBV infection, and one in four will develop cirrhosis or liver cancer. Routine testing of all pregnant women can alert providers which infants need treatment to prevent or reduce the severity of hepatitis B infection.

Receiving care during the first trimester of pregnancy is essential to identify maternal disease and risks for pregnancy or birth complications. Prenatal care can help ensure that women with complex problems, chronic illness, or other risks are seen by specialists. Early prenatal care can also provide important education and counseling on modifiable risks in pregnancy, including smoking, drinking, and inadequate or excessive weight gain.

Perinatal Hepatitis B

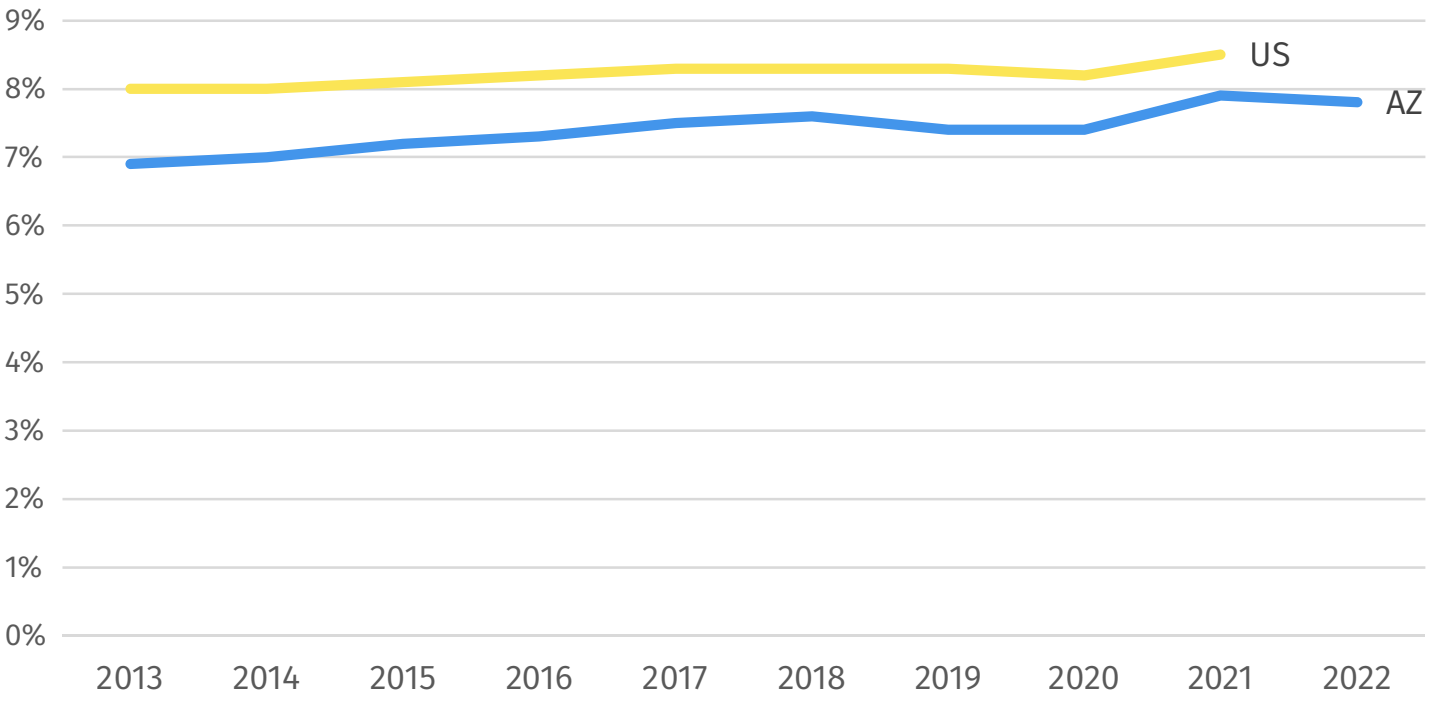
Arizona has an incredibly successful perinatal hepatitis B program where hepatitis B positive mothers are followed through their pregnancies and public health works with the providers to ensure that these babies receive a hepatitis B vaccine and immunoglobulin. There was only one baby who went on to be hepatitis B positive during 2018-2022.



Source: ADHS Perinatal Hepatitis B Surveillance

Infants with a Low Birthweight

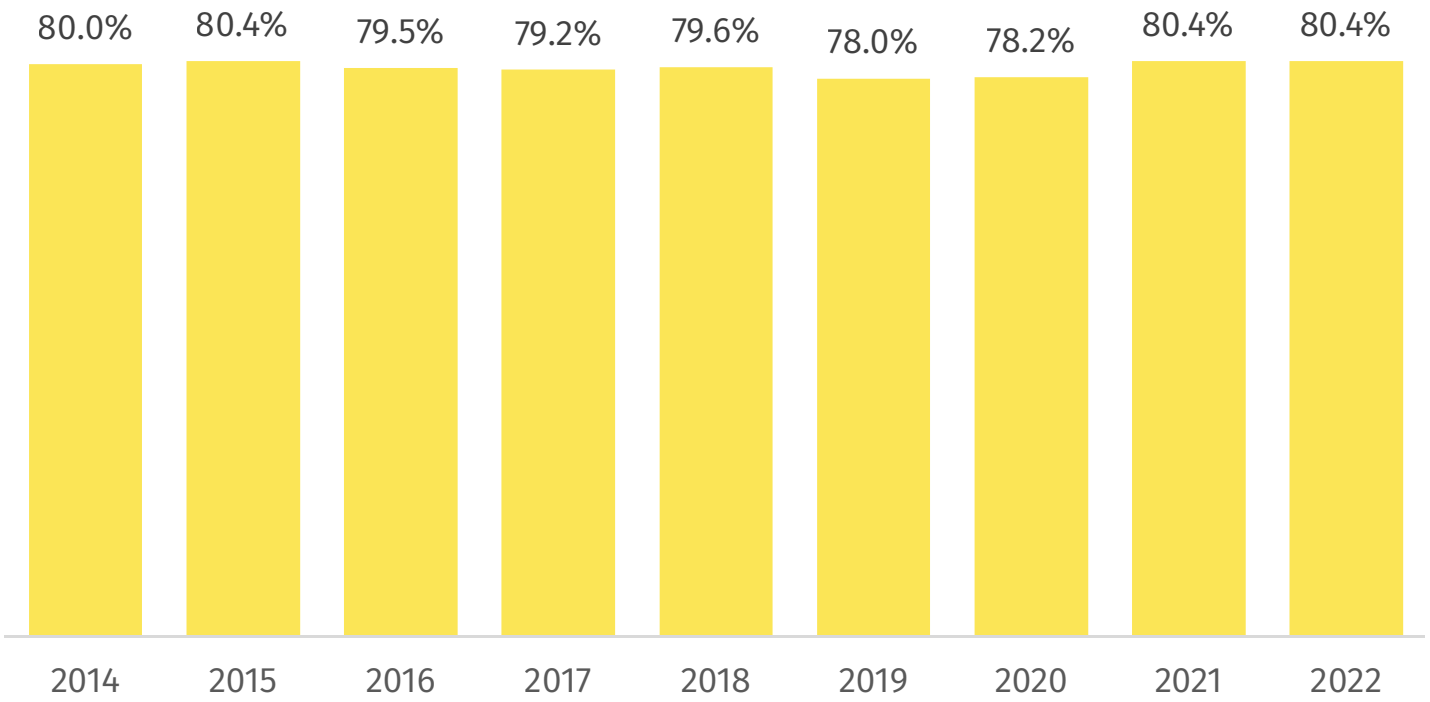
The percentages of infants with low birthweight in Arizona has seen a slight increase over the last 10 years. Low birthweight is a leading risk factor for infant mortality in Arizona.



Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics

Adequate Prenatal Care*

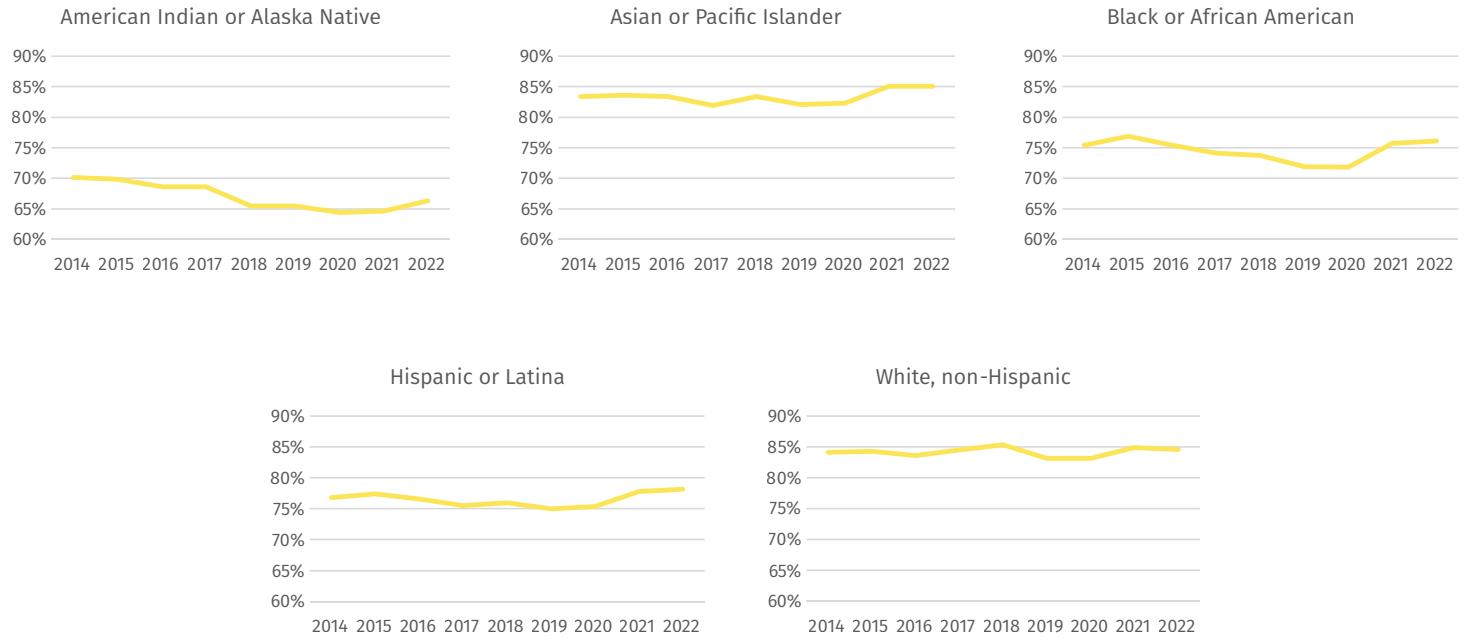
In Arizona, the percentage of women who have received intermediate, adequate or adequate plus prenatal care has stayed very consistent. The variation is evident when the data is explored by race and ethnicity or county of residence breakdowns.



Source: ADHS Health Status and Vital Statistics
*Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index

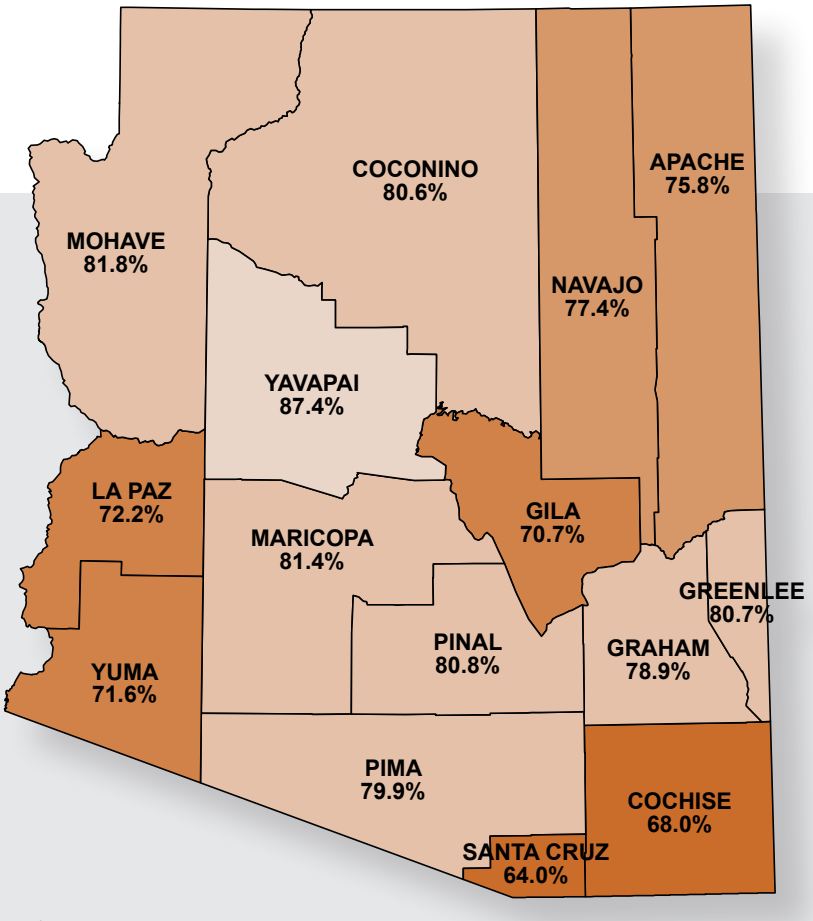
Adequate Prenatal Care*, by Race/Ethnicity

There are significant disparities in adequate prenatal care by maternal race and ethnicity. In 2022, women who are American Indian/Alaska Native or Black have the lowest rates of adequate prenatal care*.



Source: ADHS Health Status and Vital Statistics
*Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index

2022 Adequate Prenatal Care*, by County

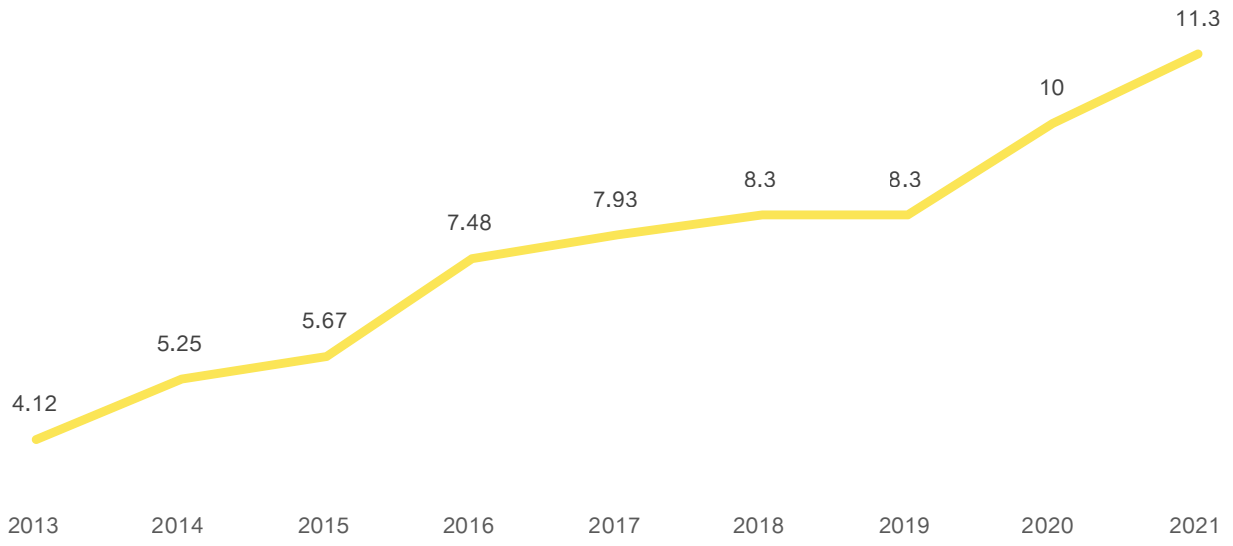


Source: ADHS Health Status and Vital Statistics
*Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index

As the opioid crisis continues to grow in Arizona, so do the number of its tiniest victims. More and more babies are being exposed to opioids and other addictive substances prenatally. Shortly after birth, these babies start demonstrating signs of withdrawal. Neonatal abstinence syndrome, a group of conditions caused when babies withdraw from certain drugs they are exposed to in the womb before birth, is on the rise across the state.

Neonatal Abstinence Syndrome

The rate of Neonatal Abstinence Syndrome (NAS) in infants in Arizona has seen a continuous increase rise since 2013.



Source: ADHS Hospital Discharge Data (rate per 1,000 newborn hospitalizations)

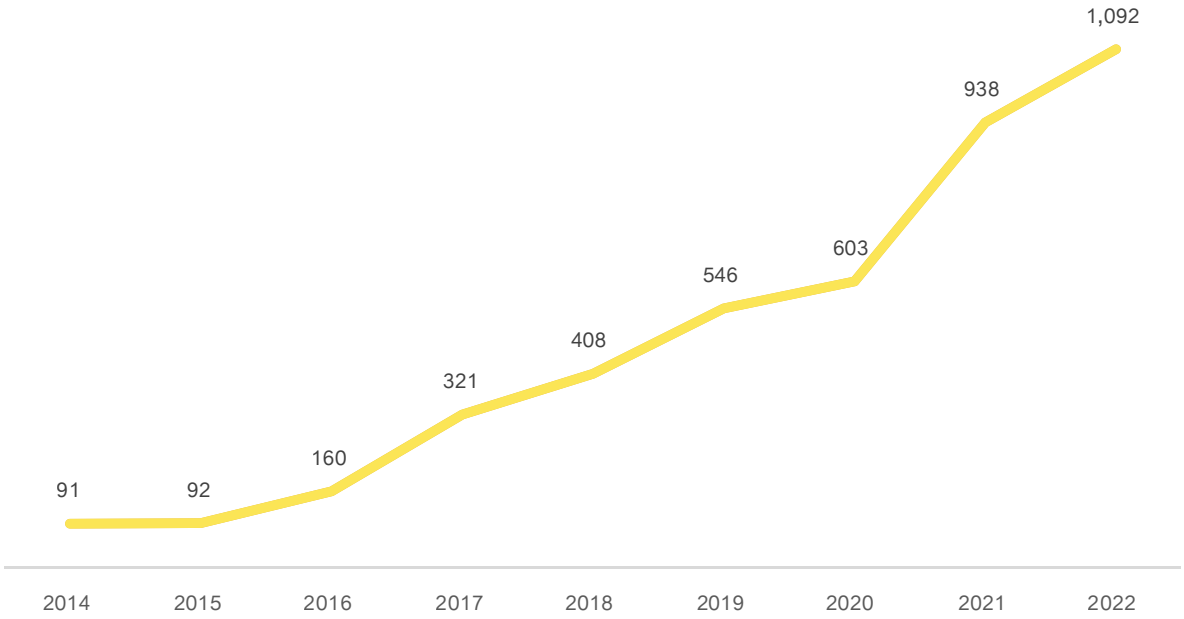
The child fatality rate has increased since 2019. Eight percent of all child deaths in 2022 were impacted by sudden unexpected infant death, which almost always occurred in an unsafe sleep environment. Other causes of death included prematurity, congenital anomalies, motor vehicle crashes, firearm injuring, and opioid poisoning. Addressing substance use and improving access to care are crucial priorities to mitigate these alarming trends.

Emergency departments and hospitals that participate in Arizona's EMS for Children program experience comparatively fewer child deaths.

There is a troubling increase in congenital syphilis-related deaths nationally, which has more than quadrupled since 2001, resulting in 220 congenital syphilis-related stillborn and infant deaths in 2021. In Arizona, the Child Fatality Review Program (CFRP) identified nine cases of congenital syphilis that resulted in death, marking a significant uptick.

Syphilis in Arizona Women

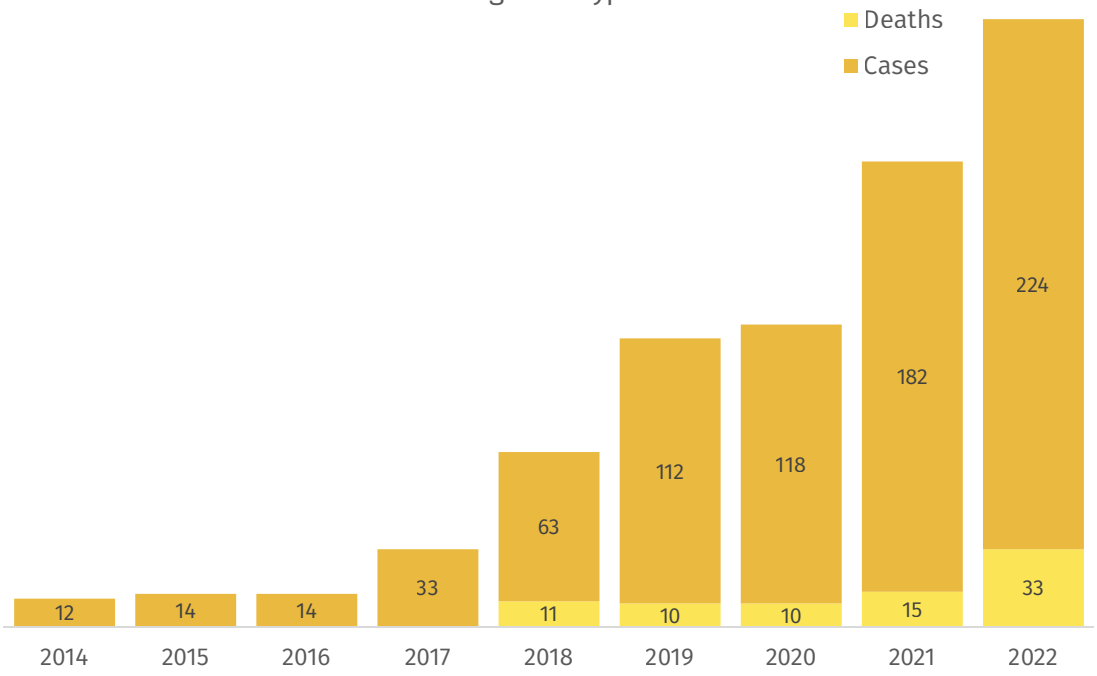
The number of syphilis cases in Arizona women has seen a stark increase starting in 2015. If a woman is pregnant and not treated appropriately, syphilis can be transmitted to from mother to child during pregnancy or childbirth.



Source: ADHS Sexually Transmitted Infection Surveillance Data

Congenital Syphilis in Arizona Babies

Cases of congenital syphilis have been increasing and in 2022, 41 babies had symptoms and 33 babies died of congenital syphilis.



Source: ADHS Sexually Transmitted Infection Surveillance Data

Arizona's Woman, Infant, and Children (WIC) program supports the nutritional needs of low-income mothers, infants, and children under five. In 2022, the estimated reach of these services into the eligible population rose to 57%. More children than women or infants participate in the program. The race, ethnicity, and primary language spoken by participants has diversified from 2013 to 2022.

WEBSITE
azhealth.gov/bwch

RESOURCES

- The Maternal Health Innovation program by the Inter Tribal Council of Arizona (itcaonline.com) works to reduce maternal mortality in Native American communities.

- The Arizona Rural Women's Health Network (aachc.org/azrwhn) promotes innovative policies and practices that improve the health of women in rural Arizona.

- The Maternal Health Task Force (mhtf.org), Alliance for Innovation on Maternal Health (azhha.org/arizona_aim_collaborative), and March of Dimes (marchofdimes.org) focus on ending preventable maternal deaths and injuries.

- The Arizona Perinatal Trust (azperinatal.org) seeks to improve the health of Arizona's mothers and babies.

- The Infant Health Task Force (azhealth.gov/baby) focuses on ending preventable stillborn and infant deaths and injuries.

- The Strong Families AZ helpline (strongfamiliesaz.org, 602-345-0471) provides health and wellness resources and referrals for pregnant people and families with children. Families can learn about free statewide home visiting programs by emailing strongfamiliesazhelpline@azdhs.gov.

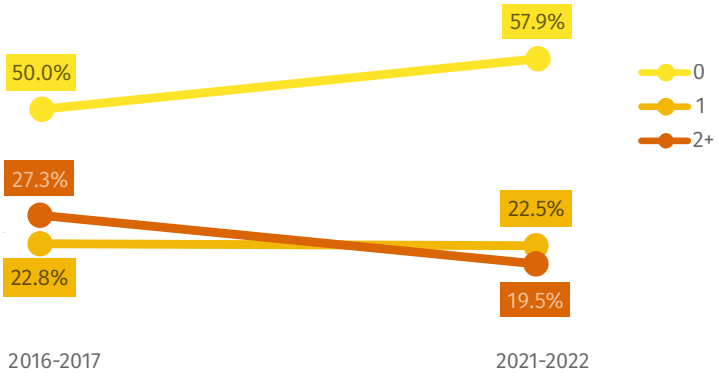
ADVERSE AND POSITIVE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) such as abuse, neglect, and household dysfunction often lead to physical and mental health problems. More than half of public and charter high school students in Arizona have two or more ACEs. Three out of four students who did not identify as heterosexual also had two or more ACEs. Arizona has higher rates than the national average for all adverse childhood experiences. The most common ACEs among Arizona children are emotional abuse and having a parent or guardian divorced or separated.

57%

Adverse Childhood Experiences in Children

Over the last several years, Arizona has seen an increase in children (0-17 years) with 0 ACEs and a decrease in those with two or more ACEs. These are both positive directions.



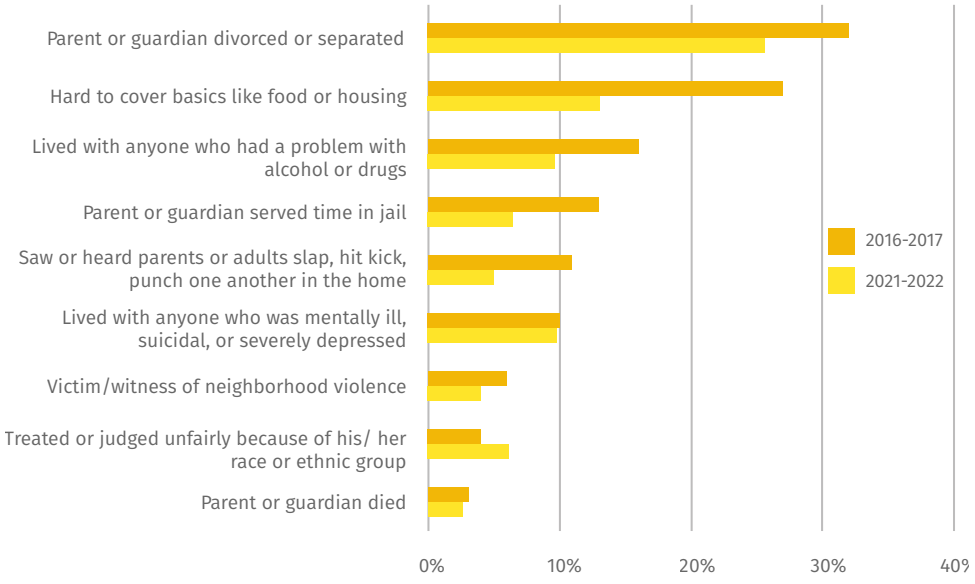
Source: National Survey of Children's Health

Adverse childhood experiences include but are not limited to:

- Parental divorce or separation
- Household poverty
- Household alcohol or drug abuse
- Household mental illness
- Household incarceration
- Domestic violence
- Community violence
- Discrimination
- Parental death

Adverse Childhood Experiences in Children, by Type

During 2021-2022, the most common ACE seen amongst children was the separation or divorce of parent or guardian followed by hard to cover basics like food or housing.



Source: National Survey of Children's Health

"The future is not shining. I work 10 hours each day just to live and make ends meet. By the time I've paid for rent, diapers, and utilities, I've saved nothing."

Refugee participant

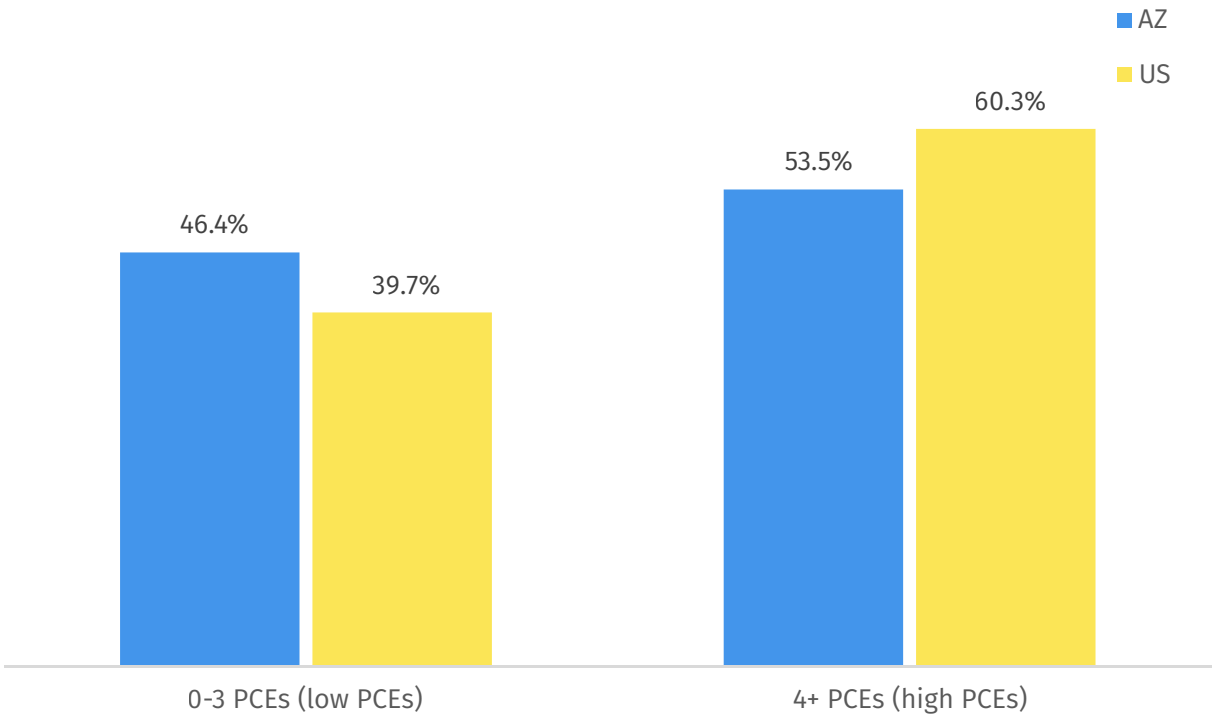
Positive childhood experiences (PCEs) such as nurturing relationships and a stable home life lay the groundwork for health development and lifelong well-being. Although most Arizona adolescents have adult mentors and are involved in afterschool programs, those rates are lower for students from lower educational households and non-Hispanic backgrounds.

81%

69%

Positive Childhood Experiences in Children

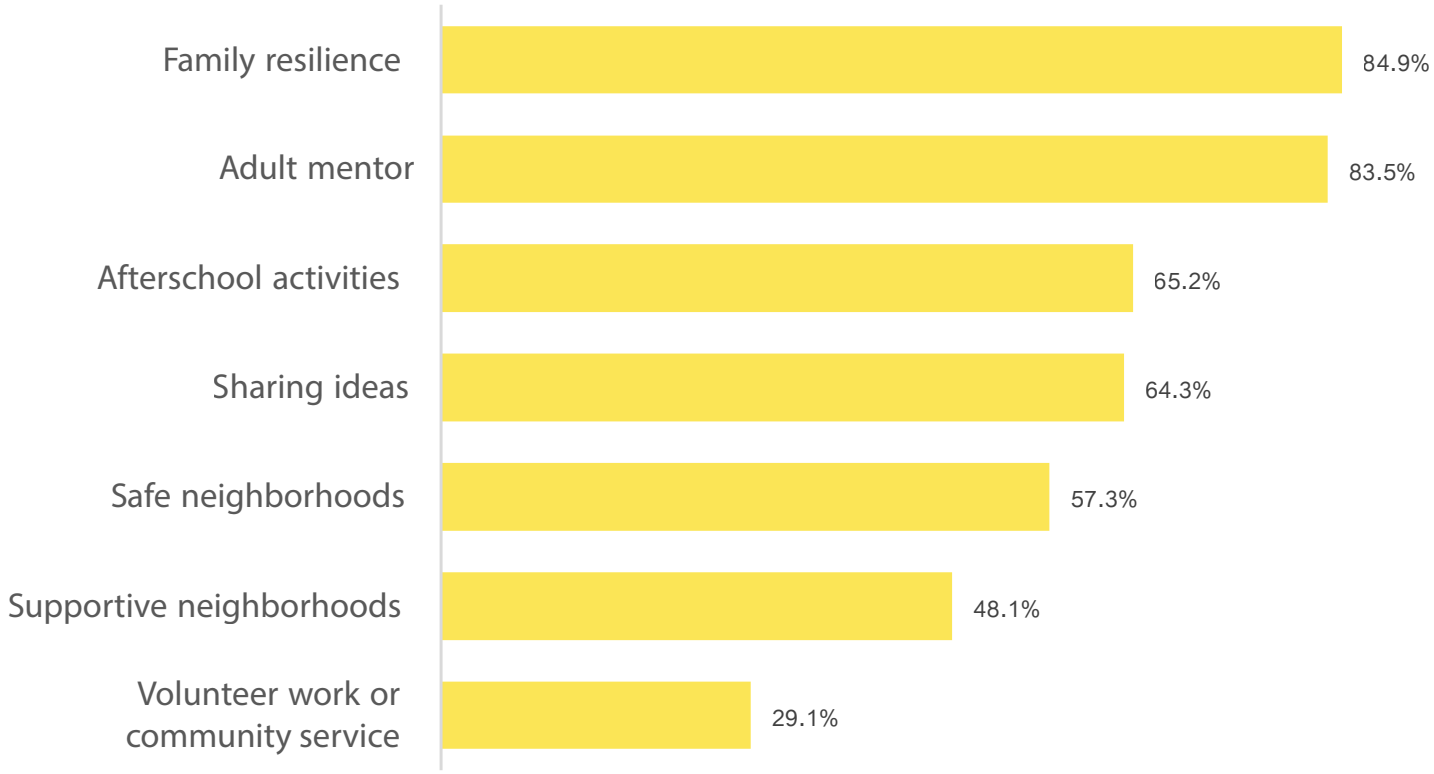
The co-occurrence of PCEs in children ages 6-17 are important to help cultivate well-being in the future. Arizona is above the national percentage for 0-3 PCEs but drops slightly below in the 4+ category.



Source: National Survey of Children's Health

Positive Childhood Experiences in Children, by Type

The most common PCEs are family resilience, adult mentors, and afterschool activities.



Source: National Survey of Children's Health

Positive childhood experiences include but are not limited to:

- Adult mentorship
- Family resilience
- Supportive neighborhoods
- Safe neighborhoods
- Afterschool programs
- Community service
- Sharing ideas

Birth Defects

Birth defects can affect anyone. Most birth defects cannot be prevented, so early identification and appropriate care are the keys to better outcomes. In Arizona, our rate of birth defects remains mostly stable, although we see higher-than-average rates of certain defects compared to other states and national data. Tribal, Hispanic, and rural communities are disproportionately affected.

gastroschisis & orofacial cleft defects are two examples

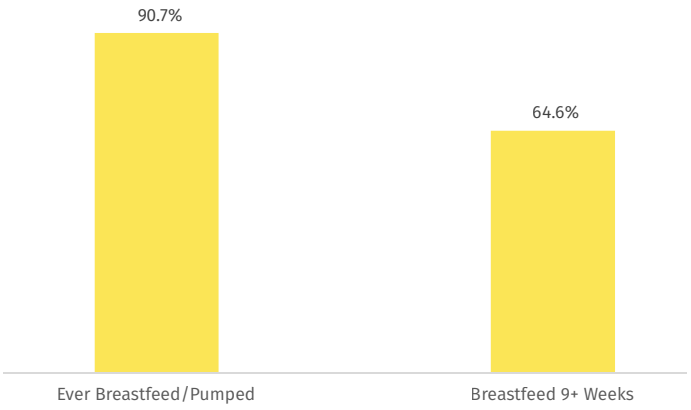
WEBSITE
azhealth.gov/birthdefects

Breastfeeding

Research has consistently shown that breastfeeding supports the health and cognitive and psychological development of an infant. Increasing the initiation and duration of breastfeeding may provide a low-cost, readily-available strategy to help prevent childhood and adolescent illnesses. Breastfeeding supplies the newborn with protection against disease, reduces the risk of death, and may protect against infections such as gastroenteritis and diarrheal disease, respiratory illness, and otitis media. The protection offered by breastmilk also extends beyond infancy, as breastfeeding may prevent celiac disease, diabetes, multiple sclerosis, sudden unexpected infant death, diabetes, and childhood cancer. Breastfeeding also improves maternal health and is economically and ecologically sound. Breastfeeding rates differ substantially by race, socioeconomic level, and other demographic factors.

Breastfeeding in Arizona

In 2021, individuals enrolled in the Pregnancy Risk Assessment Monitoring System (PRAMS) had a 90.7% rate of ever breastfeeding or pumping, but we see that drop to 64.6% when asked if they breastfed nine weeks or longer.



Source: Pregnancy Risk Assessment Monitoring System

WEBSITE
azhealth.gov/breastfeeding

RESOURCES

- Arizona's 24-hour breastfeeding hotline (1-800-833-4642) helps thousands of callers each year.
- The First Feed is a weekly virtual breastfeeding education and support group.
- The US Department of Agriculture offers breastfeeding education at wicbreastfeeding.fns.usda.gov.
- The CDC Breastfeeding Report Card offers information related to breastfeeding in each state.
- The Academy of Breastfeeding Medicine (bfmed.org) provides evidence-based protocols for healthcare providers.

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS 1-14 YEARS OLD		
	2013	2022
Unintentional Injury	6.6	6.2
Cancer	2.3	1.6
Suicide	0.6	0.7
Congenital Anomalies	1.6	1.4
Homicide	1.5	1.2

Source: ADHS Health Status and Vital Statistics (rate per 100,000 persons 1-14 years old)

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS 15-19 YEARS OLD		
	2013	2022
Unintentional Injury	18.3	29.5
Suicide	6.8	14.5
Homicide	6.6	14.3
Cancer	3.0	4.4
Heart Disease	0.6	1.2

Source: ADHS Health Status and Vital Statistics (rate per 100,000 persons 15-19 years old)

"I don't know what healthy feels like. It's more noticeable when you're feeling unhealthy. It's easy to overlook feeling healthy."

Adolescent community member

In Arizona, the percentage of adolescents who completed a preventive medical visit continues to fall. Rising rates of chronic disease, mental health concerns, substance use, and bullying in Arizona largely track the national trends. Girls are more likely to try to lose weight than boys .

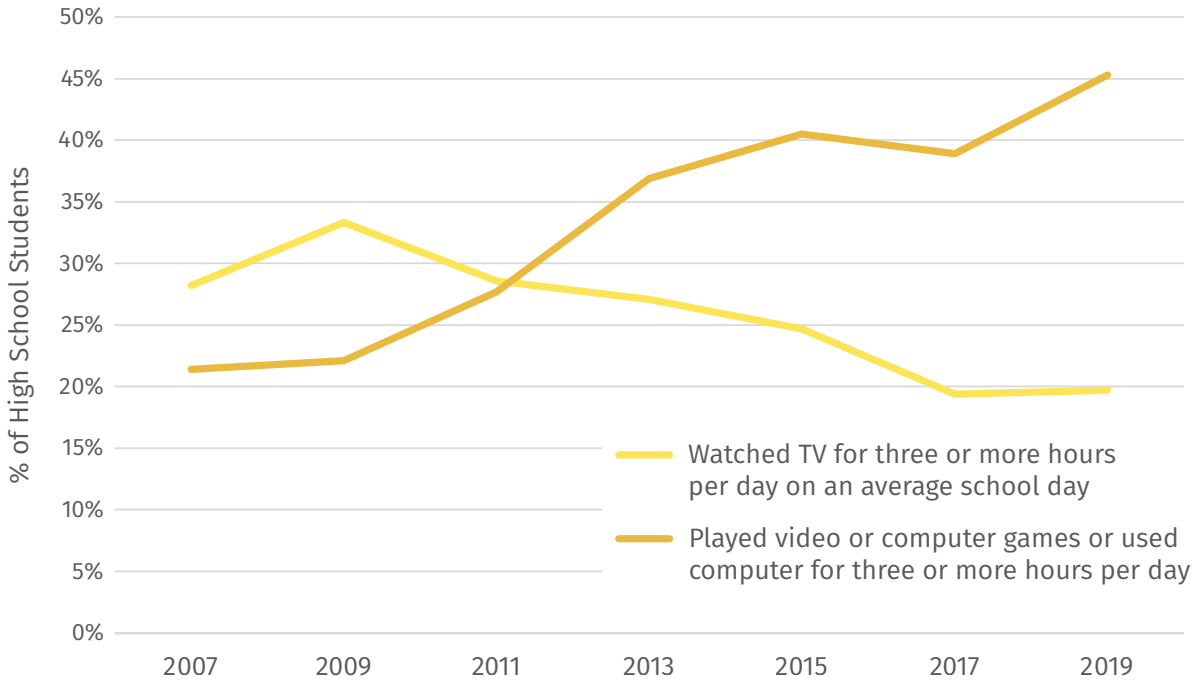
59.3%

38.8%

Nearly one in five Arizona teens reported being bullied in 2021. Female teens experienced bullying at higher rates than male teens. Half of all surveyed female teens reported poor mental health.

Sedentary Behavior in High School Students

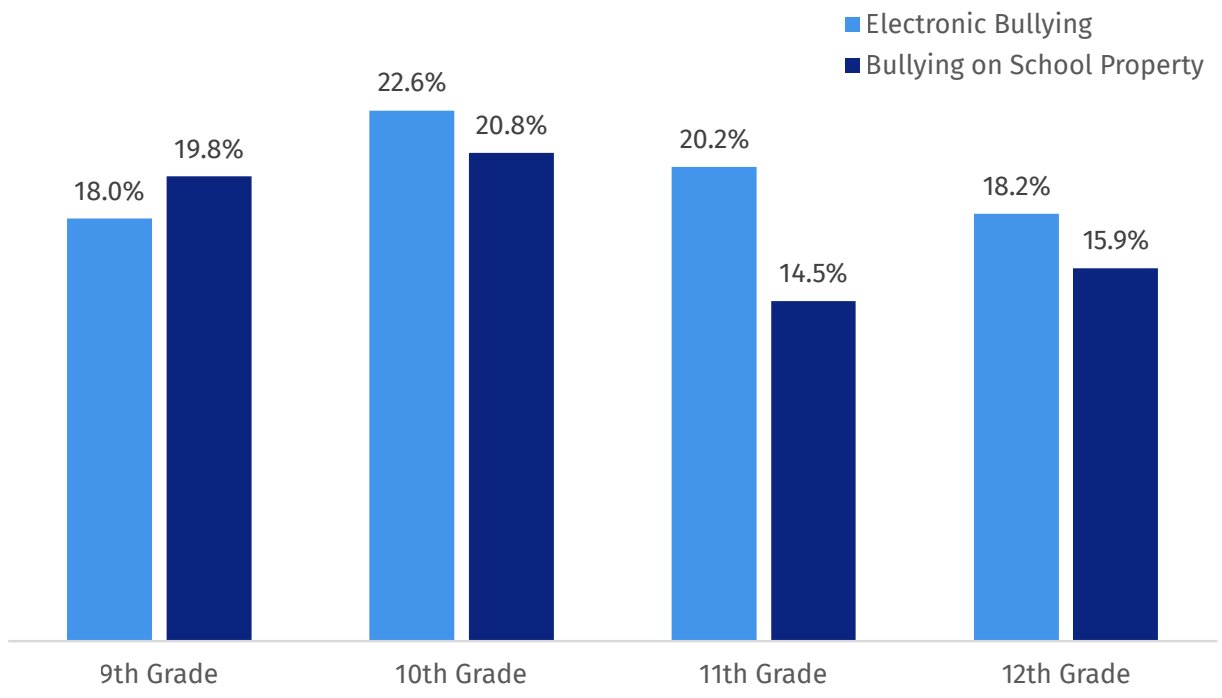
While the percentage of high school students who reported the sedentary behavior of watching three or more hours of TV per day has declined, those playing video games three or more hours has increased.



Source: Youth Risk Behavior Surveillance System

Bullying Experienced by High School Students, by Grade

In 2021, the percentage of high school students who experienced bullying ranged from 14.5% to 22.6%. Three out of the four grades reported that electronic bullying was experienced more commonly.

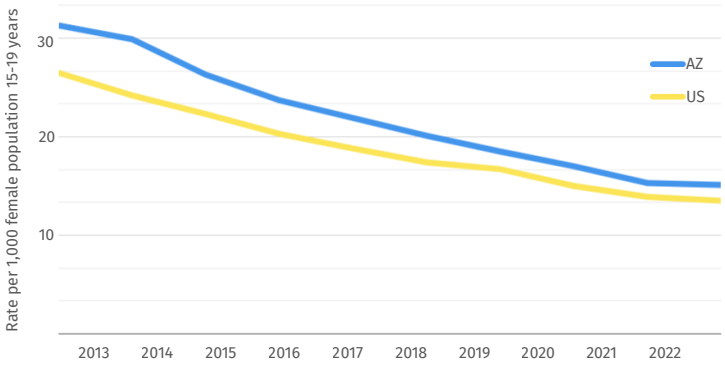


Source: Youth Risk Behavior Surveillance System

The birth rate for teenage females ages 15-19 years old continues to decline. Pregnancies for teenage females ages 10-19 years old have fallen for all racial and ethnic groups. In some cases, the gap in teen pregnancy rates between different groups has narrowed. Sexual minority youth and gender-diverse individuals face unique challenges related to sexual health and teen pregnancy prevention.

Teen Birth Rate

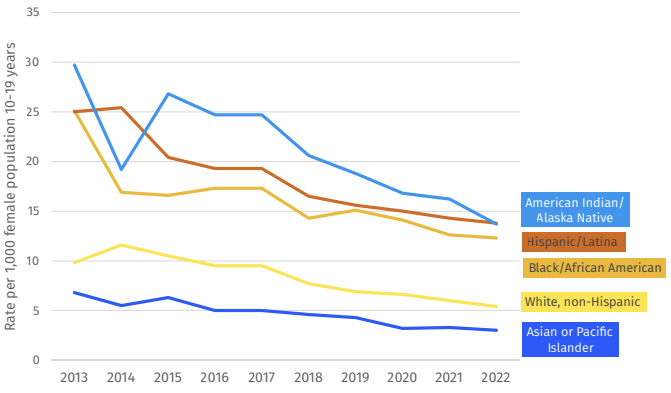
Over the last 10 years, the birth rate for teenage females has decreased in Arizona and the US, and in 2022 we saw a historic low for both with 15.1 per 1,000 females for AZ and 13.5 for the US.



Source: ADHS Health Status and Vital Statistics
CDC National Center for Health Statistics

Teen Pregnancy Rate, by Race/Ethnicity

In Arizona, while there has been a decrease in the rate of teenage pregnancy, there are still disparities seen across racial and ethnic groups.



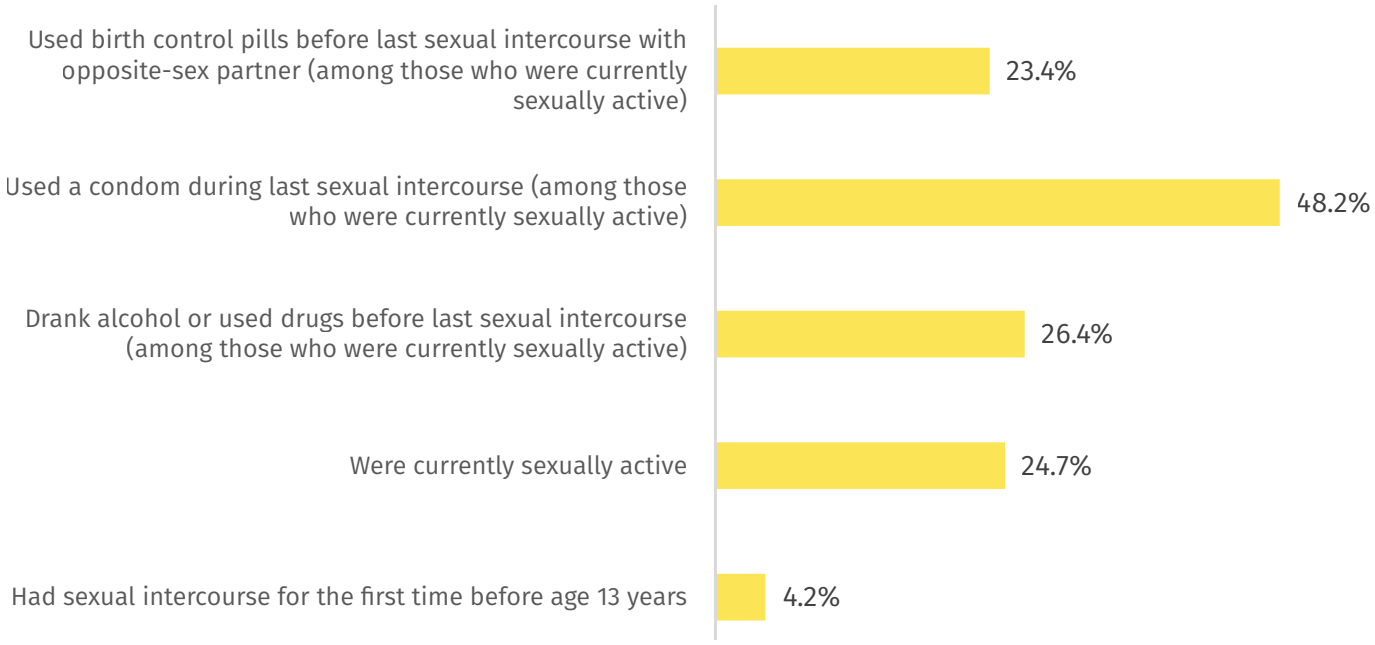
Source: ADHS Health Status and Vital Statistics

24.7%

Nearly a quarter of our adolescents report being sexually active. About 25% of those report that they drank alcohol or used drugs before engaging in sexual activity. About half of those who are currently sexually active used condoms and one in four used birth control pills. Sexual intercourse before age 13 was more common among Hispanic and multiracial adolescents.

Sexual Behaviors in High School Students

In 2021, 24.7% of Arizona teenagers responded that they were currently sexually active and 23.4% and 48.2% respectively reported that they use birth control or a condom during sexual activity.

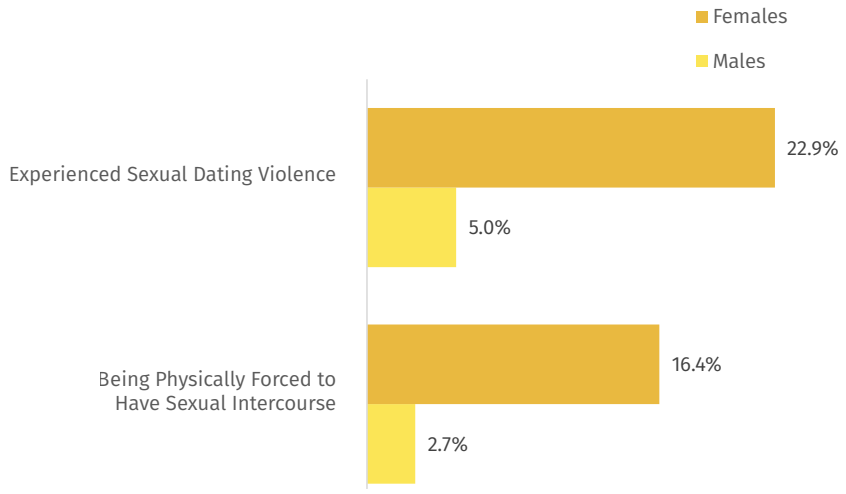


Source: Youth Risk Behavior Surveillance System

Sexual Violence in High School Students, by Sex

In 2021, while both male and female high school students reported experienced sexual dating violence and being physical forced to have sexual intercourse, females report experiencing both nearly four times more often than males.

More than one in five female high school students reported having experienced sexual violence in 2022, compared to one in twenty males.

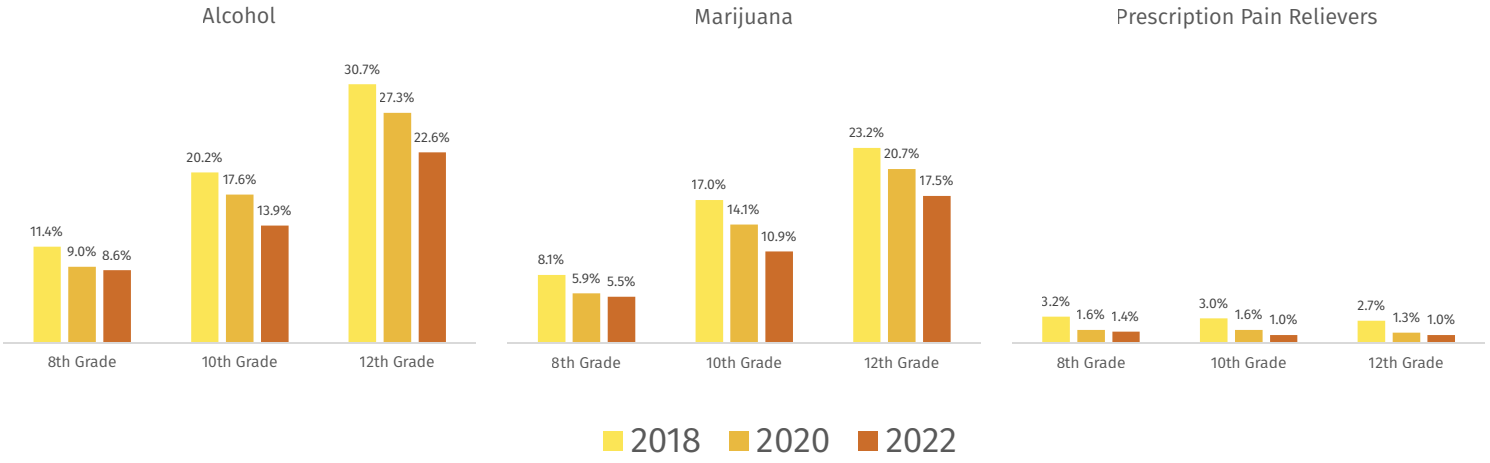


Source: Youth Risk Behavior Surveillance System

Substance use, including alcohol, tobacco, and illicit drugs, remains a concern among adolescents both in Arizona and across the nation. Our prevention efforts have targeted substance use through education, enforcement of underage drinking laws, and access restrictions to tobacco products.

Substance Use in High School Students, by Grade

High school students asked about substances used in the last 30 days, the most commonly reported was alcohol across all three age groups; however, there has been a noted decrease in reported usage across all three categories.



Source: Arizona Youth Survey

WEBSITE
azhealth.gov/breastfeeding

RESOURCES

- The Talking About Kids podcast (talkingaboutkids.buzzsprout.com) for parents and educators discusses bullying prevention and other topics connected with student well-being.
- MustStopBullying.org provides resources for schools, parents and youth on bullying prevention.
- AffirmAZ.org coordinates sexual and reproductive healthcare services for youth and marginalized groups.
- The Arizona Alliance for Adolescent Health (healthyazyouth.org) builds capacity for adolescent healthcare and social services.
- The Arizona School Health & Wellness Coalition (azschoolhealth.com) helps schools in creating healthy communities.
- The Teen Pregnancy Prevention site provides resources and listing of prevention programs offered statewide (azdhs.gov/teenpregnancyprevention).
- For more resources, see the ADHS list of youth community resources azhealth.gov/tppcommunityresources and youth mental health resources (azhealth.gov/youthmentalhealth).
- Arizona's 988 Suicide and Crisis Lifeline (azhealth.gov/988) is a three-digit phone number to access free, confidential support by voice, text, or chat, with special services for Spanish speakers and LGBTQIA+ callers.

AGING ADULTS

Arizona has a growing population of adults over 65. From 2017 to 2021, hospitalizations and emergency department visits held steady, but Black older adults were hospitalized at a higher rate. In 2021, the most common insurance payer for inpatient hospitalizations for older adults was Medicare, followed by private insurance. During the same period, the number of deaths of older adults increased significantly. → 37% Adults over 85, male, Native American, and rural residents had the highest mortality rates in the state. When comparing rural and urban counties in Arizona, rural counties have higher mortality rates compared to the rest of the state.

With aging comes the increasing risk of chronic diseases such as heart disease, Type 2 diabetes, arthritis, and cancer. The increasing number and proportion of Arizonans over 65 will necessitate the strategic planning of cost-effective health and social services to properly care for our older population.

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS OLDER THAN 65 YEARS

	2013	2022
Heart Disease	874.8	882.2
Cancer	816.9	733.8
Chronic Lower Respiratory Disease	292.3	229.8
Alzheimer's Disease	239.8	203.0
Cerebrovascular Disease	176.9	212.7
COVID-19	N/A	257.0

Source: ADHS Health Status and Vital Statistics (rate per 100,000 persons older than 65 years)

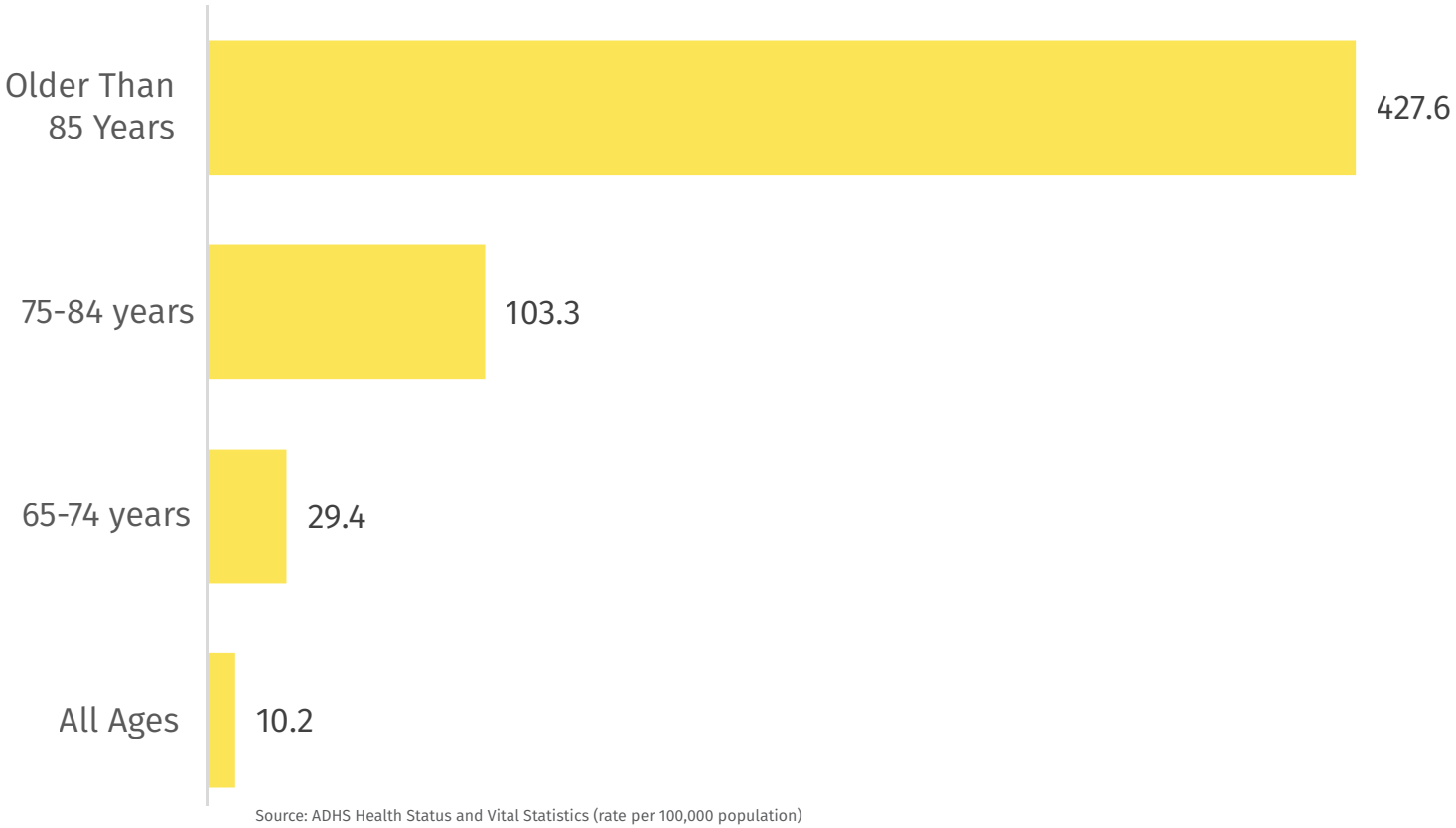
WEBSITE
azhealth.gov/healthyaging

FALLS

Adults over 65 are at a much higher risk of death from falls than younger adults. Fear of falling may lead older adults to avoid activities such as walking, shopping, or social engagements. But staying active is important to keep healthy and actually helps prevent falls. Many falls can also be prevented by regular vision checks, medication management, safer homes, and low-impact balance and strength training exercises.

Fall-Related Injury Mortality Rate, by Age Group

In 2022, individuals older than 85 years had the highest mortality rate due to fall-related injuries.

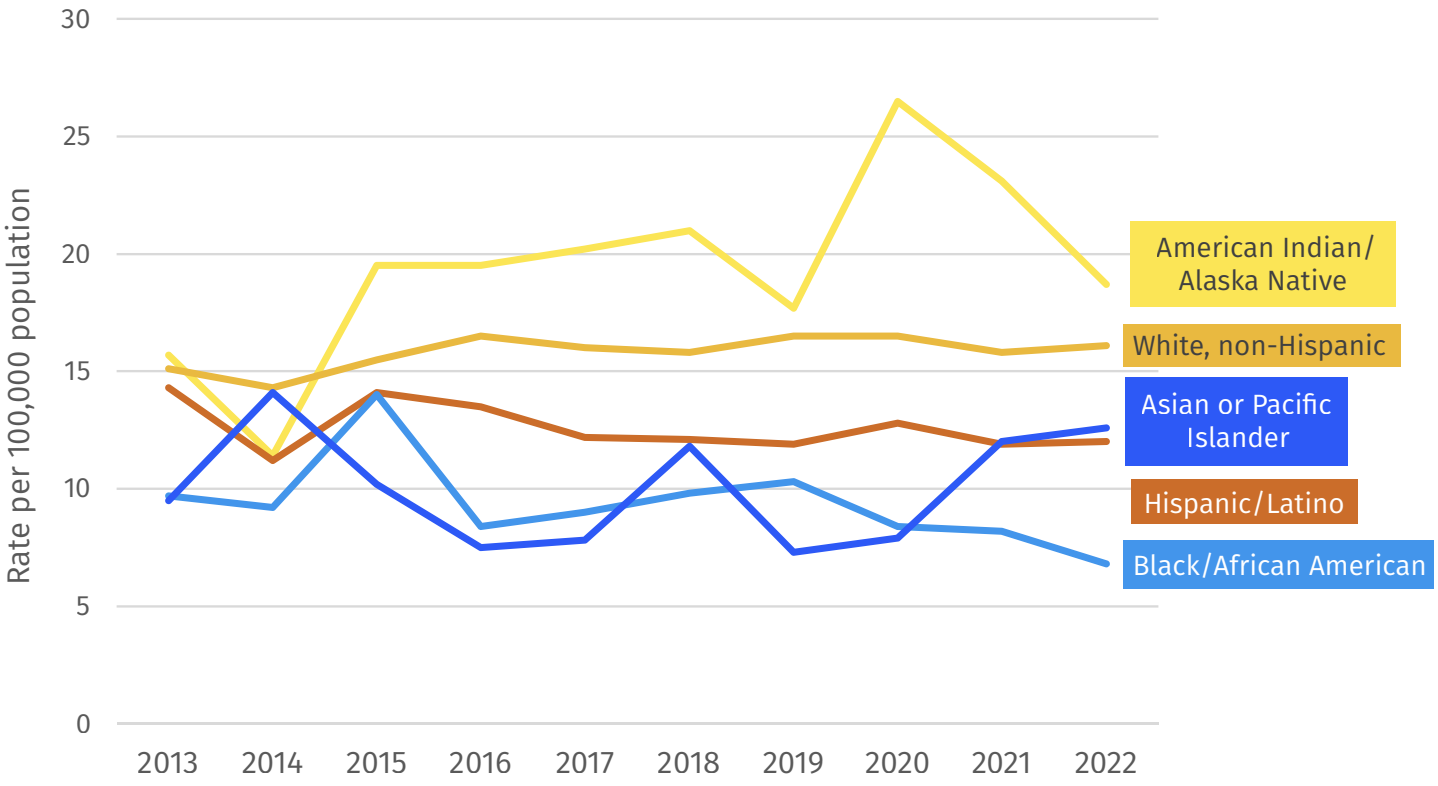


Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Since 2017, the death rate from unintentional falls in Arizona has been higher than the national average. Fall injury and death rates in Arizona are highest for those over 85. Furthermore, unintentional falls were the leading cause of death for Arizonans aged 75 and older in 2022. While the number of hospitalizations due to unintentional falls has remained stable, the number of ED visits has increased since 2020.

Fall-Related Injury Mortality Rate, by Race/Ethnicity

Mortality rate due to fall injuries affects racial and ethnic groups differently. American Indian/ Alaska Natives followed by White, non-Hispanic see the highest rates of mortality.



Source: ADHS Health Status and Vital Statistics

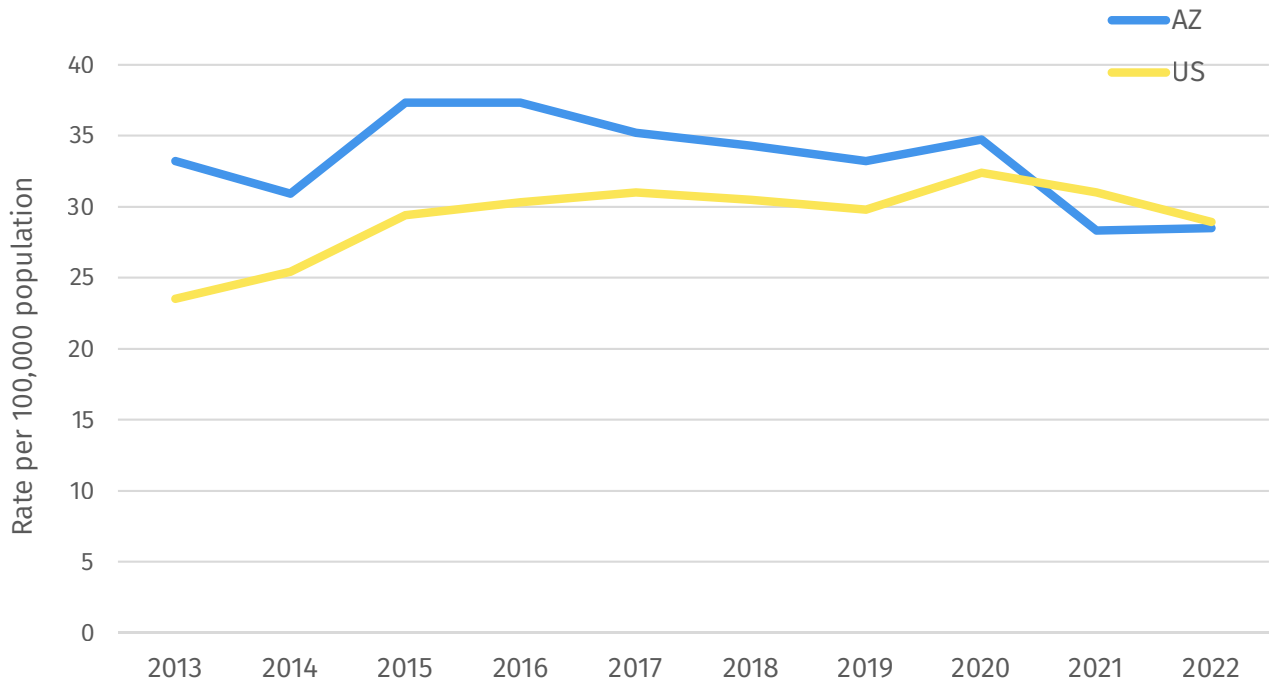
In 2022, hospitalizations and emergency department visits for unintentional falls in Arizona totaled over $3.8 billion dollars.

RESOURCES

- The Arizona Falls Prevention Coalition (azstopfalls.org) provides information and helpful hints to prevent fall injuries.
- The Arizona Agencies on Aging (arizonaaging.org) helps coordinate services for older adults in Arizona.
- The Arizona Department of Economic Security Aging and Adult Program (des.az.gov/services/older-adults) helps older adults live independently in their own homes and communities.

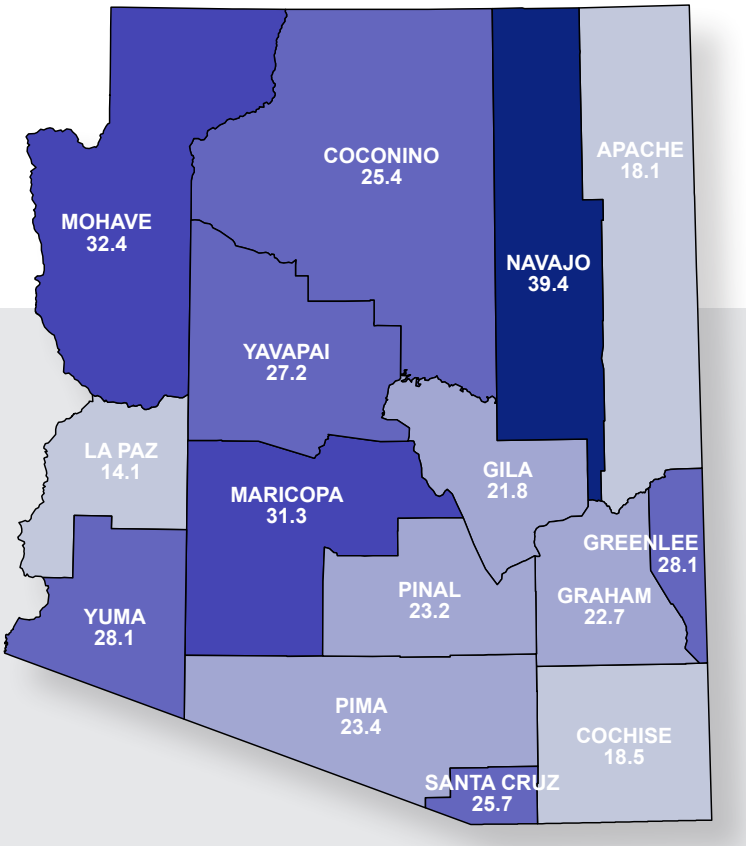
Alzheimer's Disease Mortality Rate

The rate of Alzheimer's mortality in Arizona and the US has been decreasing the last decade but still remains a top cause of death for those older than 65 years.



Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics

2022 Arizona Alzheimer's Mortality Rate, by County



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Alzheimer's disease is the sixth leading cause of death in Arizona for adults over 65. In 2022, Alzheimer's mortality rates varied across counties. Navajo County had the highest Alzheimer's mortality rate, while La Paz had the lowest. Today, over 150,000 Arizonans live with Alzheimer's disease. By 2025, that population is expected to grow to 200,000.

Most doctors think geriatricians are the best at taking care of people with Alzheimer's. However, Alzheimer's and dementia can also affect the family and caregivers, making them feel tired, sad, and worried about money. As more people get these diseases, it will be harder on families and healthcare workers.

Communities in Arizona have been proactive in addressing the needs of the people affected by Alzheimer's and dementia as well as their families and caregivers. However, rural communities, underserved groups, and those with special cultural and linguistic needs may not have access to the necessary education, resources, or specialized support services.

WEBSITE
azhealth.gov/Alzheimer's

RESOURCES

- Alzheimer's Association Chapters (alz.org/dsw) offer support groups and educational programs for the general public.

- Arizona Alzheimer's Consortium (azalz.org) educates families and professionals on the latest research and resources for Alzheimer's disease.

CHRONIC CONDITIONS

Chronic conditions such as heart disease, stroke, lung disease, cancer, diabetes and asthma are among the most common, costly and preventable of all health problems in Arizona. In 2010 chronic diseases were responsible for seven out of 10 deaths in Arizona each year. When combined, these chronic diseases were responsible for more than 29,500 deaths in Arizona. Several chronic diseases have a disproportionate impact on Mexican-Americans who live near the southern border.

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS 45-64 YEARS OLD		
	2013	2022
Cancer	175.6	152.6
Heart Disease	105.5	122.6
Unintentional Injury	57.4	95.0
Liver Disease	34.7	36.7
CLRD	24.7	22.8
COVID-19	N/A	49.7

Source: ADHS Health Status and Vital Statistics (rate per 100,000 persons 45-64 years old)

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease (CLRD) refers to a group of diseases that affect the lungs, including chronic bronchitis, emphysema, Chronic Obstructive Pulmonary Disease (COPD), and asthma.

Although CLRD remains a leading cause of chronic disease death in Arizona, the number of deaths and hospitalizations has dropped. In 2021, there were a total of 3,512 CLRD deaths, most from COPD. Nearly one in four Arizonans with COPD are over 65 years old or current smokers.

92%

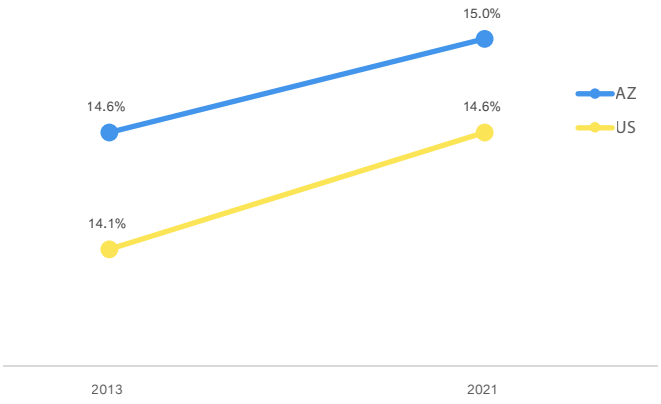
In 2021, the number of CLRD deaths among Arizonans was highest in Maricopa and Pima counties. However, the mortality rate was highest in La Paz, Mohave, Yavapai, and Gila counties.

"If one part of your health isn't doing well, it affects all parts of your health."

Hispanic community member

Adults Reporting Ever Having Asthma

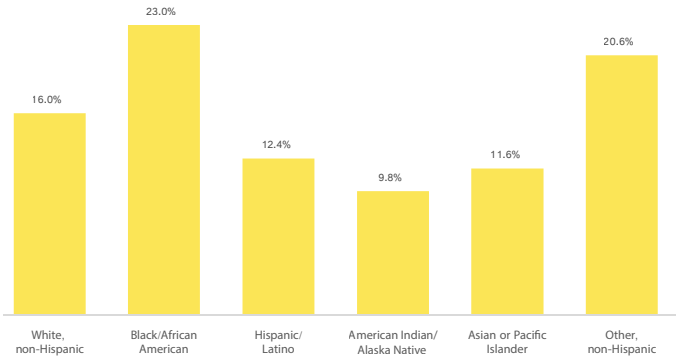
In both Arizona and the US, the percentage of adults who report ever having asthma has been increasing since 2013.



Source: Behavioral Risk Factor Surveillance System

Adults Reporting Ever Having Asthma, by Race/Ethnicity

In 2021, of those adults who reported ever having asthma, Blacks and Other, non-Hispanic populations had the highest rate of ever having asthma.



Source: Behavioral Risk Factor Surveillance System

According to a 2021 survey, 15% of Arizona adults have asthma. Nearly one in four were Black. One in six were current smokers.

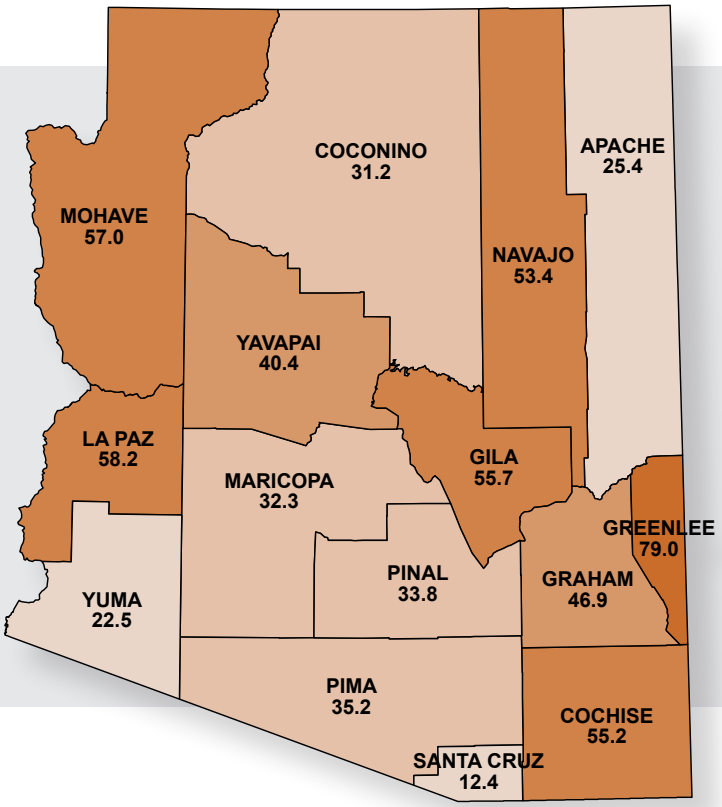
Six hundred schools throughout Arizona participate in the stock inhaler program, which places rescue inhalers in schools for use in asthma emergencies. However, there is limited funding to build and run these programs.

RESOURCES

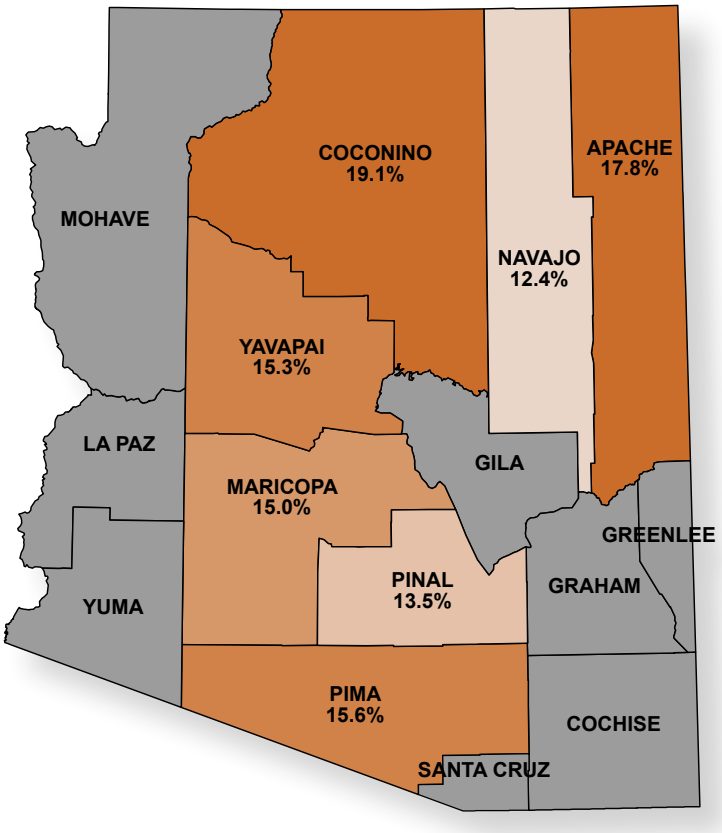
- The Arizona Asthma Coalition (azasthma.org) advocates for cleaner air and better access to healthcare for all people living with asthma in Arizona.

2022 Chronic Lower Respiratory Disease Mortality Rate, by County

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)



2021 Adults Reporting Ever Having Asthma, by County



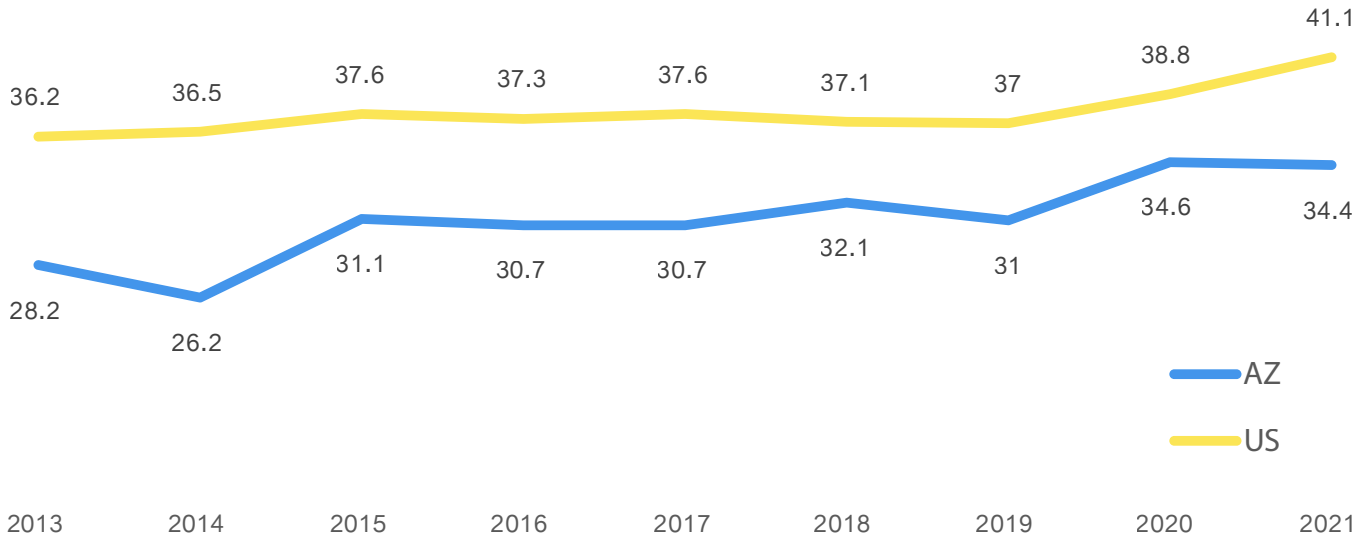
Source: Behavioral Risk Factor Surveillance System

CEREBROVASCULAR DISEASE

Cerebrovascular disease refers to a group of conditions that affect blood vessels and blood flow in the brain. Historically, Arizona's rates of cerebrovascular disease mortality have remained below the national average.

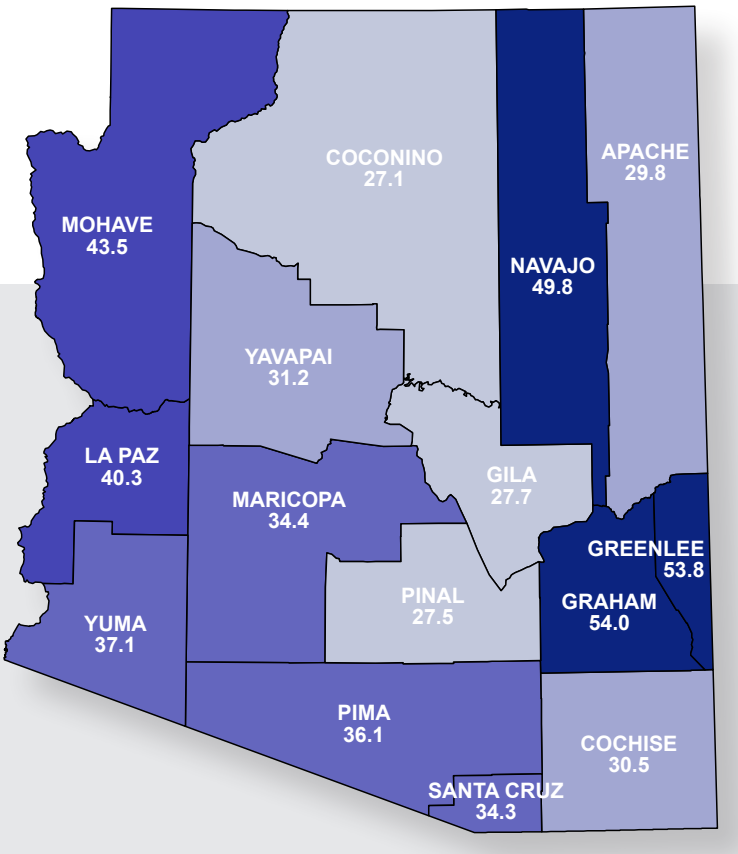
Cerebrovascular Disease Mortality Rate

The rate of mortality from cerebrovascular disease is higher in the US overall than is seen in Arizona.



Source: ADHS Health Status and Vital Statistics;
CDC National Center for Health Statistics (rate per 100,000 population)

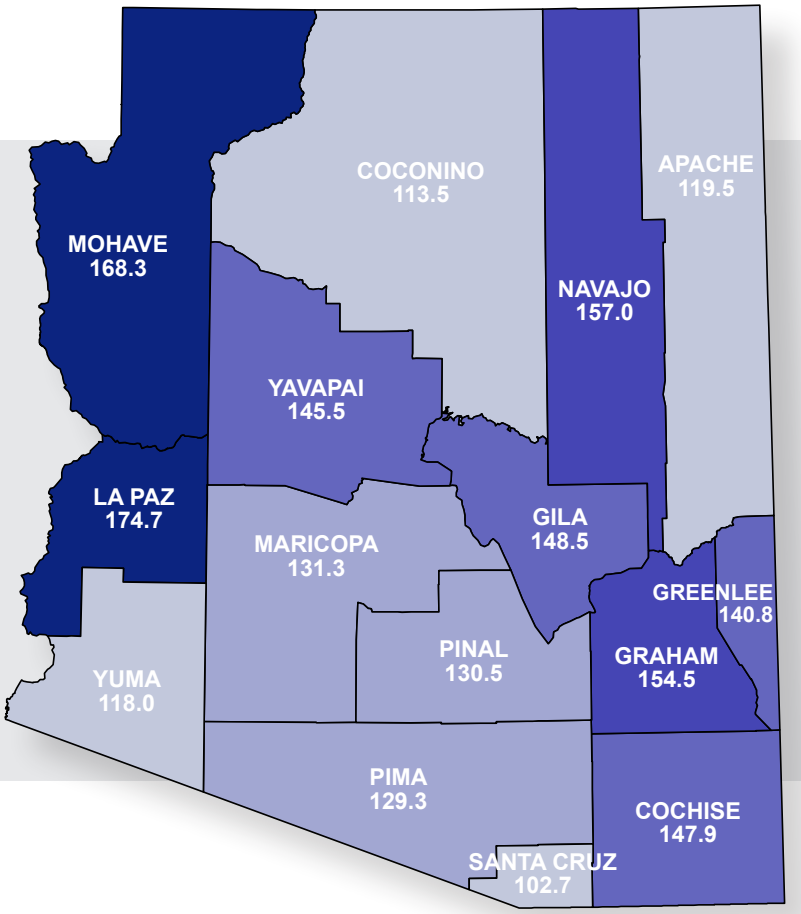
2022 Cerebrovascular Disease Mortality Rate, by County



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

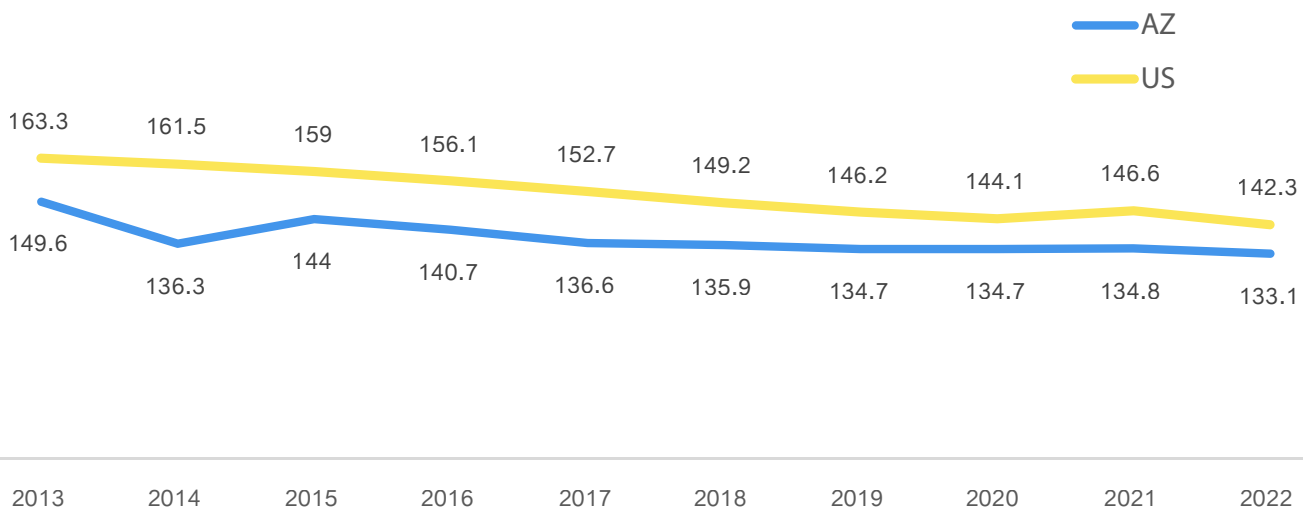
2022 Cancer Mortality Rate, by County

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)



Cancer Mortality Rate

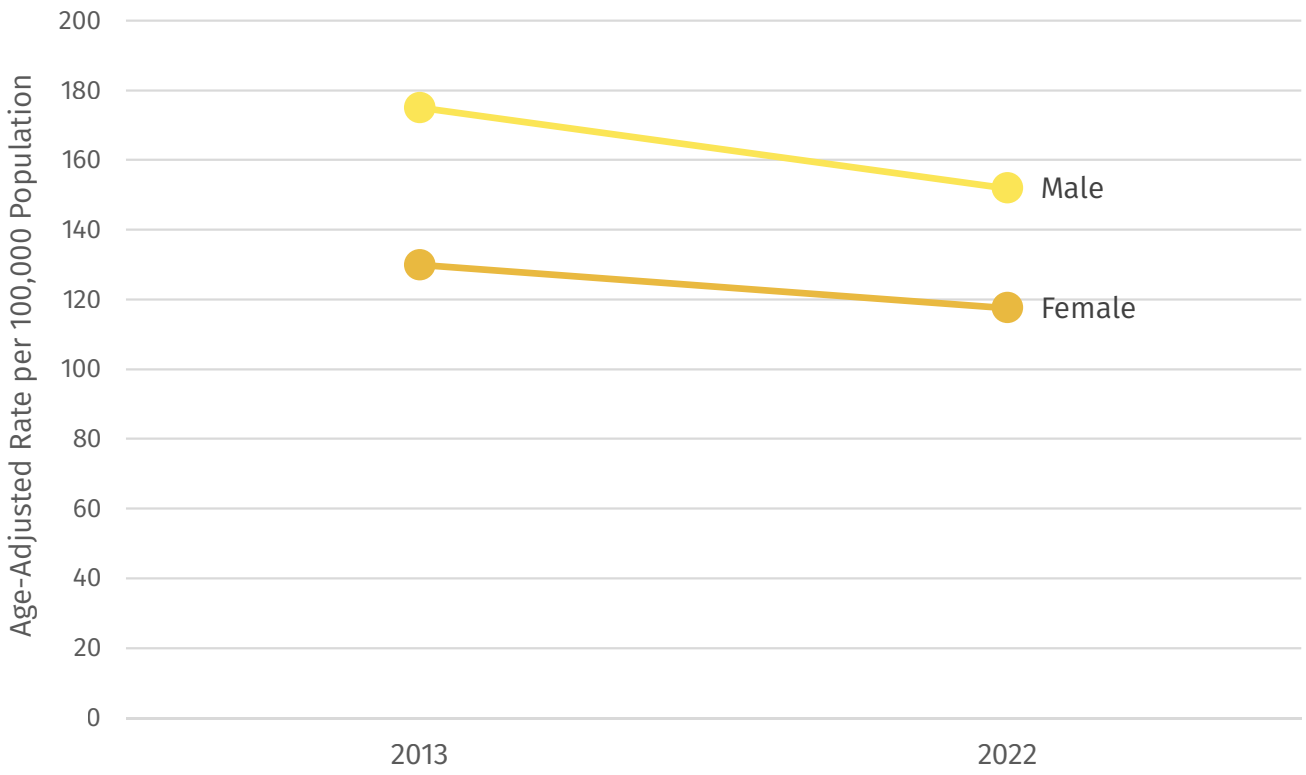
The age-adjusted mortality rate for cancer has seen a decline both in Arizona and across the US.



Source: AZ Cancer Registry; US Cancer Statistics Working Group (age-adjusted rate per 100,000 population)

Cancer Mortality Rate, by Sex

While there has been a decrease in the cancer mortality rate in Arizona, males continue to see a higher rate than females.



Source: ADHS Health Status and Vital Statistics

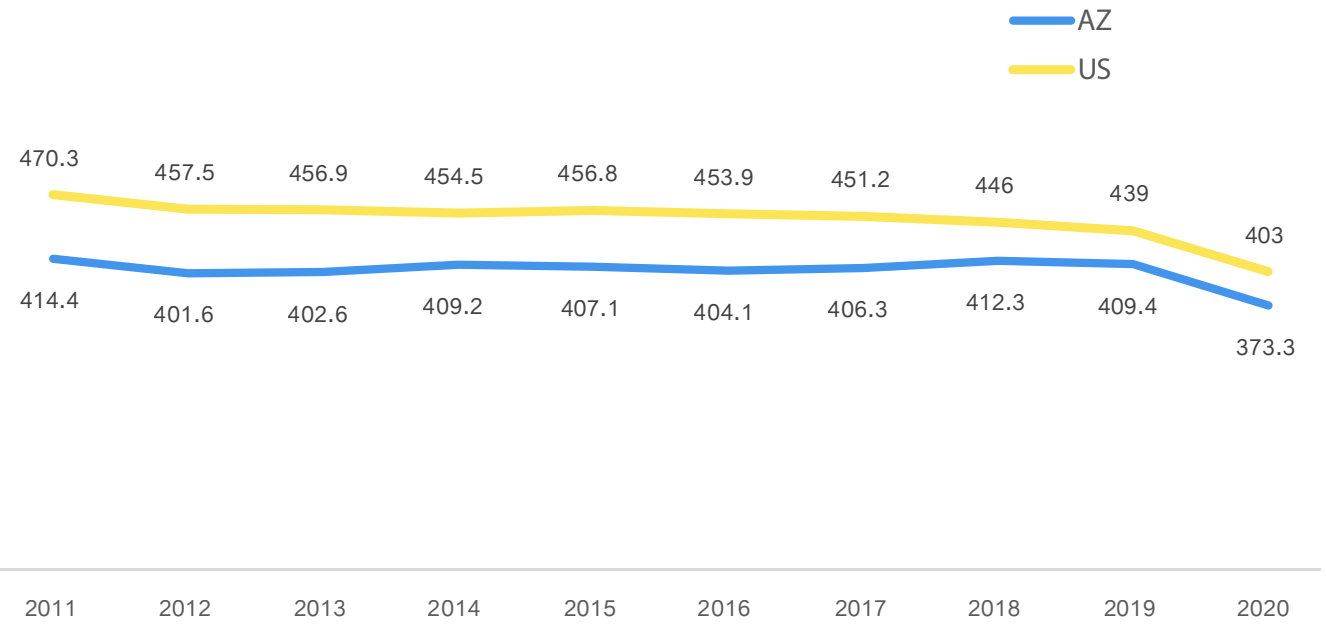
From 2016 to 2020, the death and incidence rates of cancer in Arizona decreased. Although Arizona's cancer incidence rate is below the national average, it is important that all Arizonans recognize their risk of developing cancer. Anyone can develop cancer, but people who use tobacco, drink too much alcohol, or have too much UV exposure may be at higher risk.

Early diagnosis saves lives, and is most common for melanoma, female breast cancer, and prostate cancer. Late stage diagnosis is most common for colon cancer and lung cancer. The median age for diagnosis in Arizona is 68 years old.

Lung and bronchus cancer was the leading cause of cancer-related death. Black Arizonans die of cancer at a higher rate than other groups. On average, more men are diagnosed with and die from cancer than women. This gap widened from 2016 to 2020.

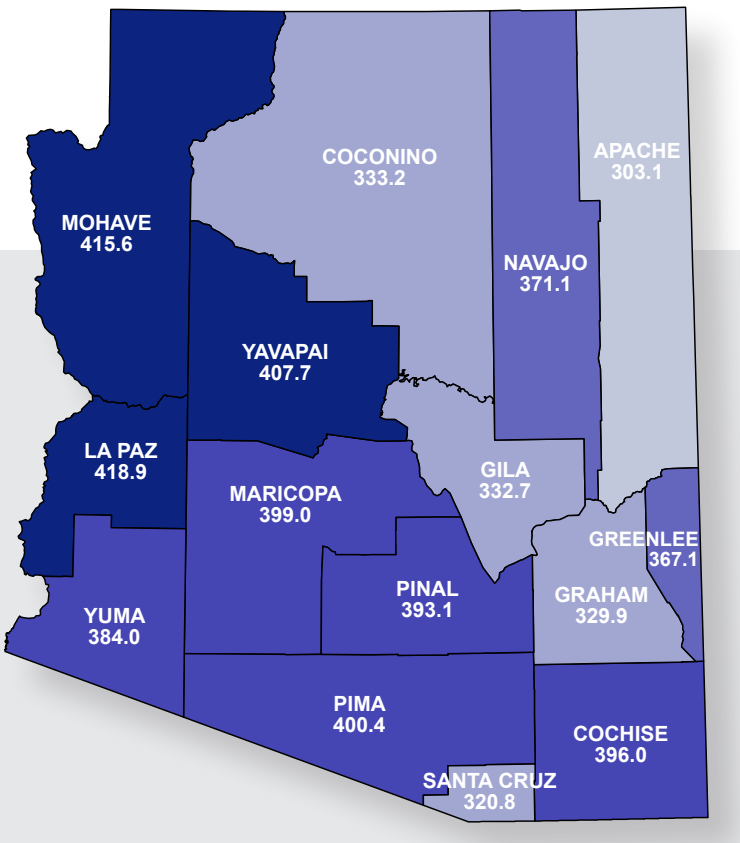
Invasive Cancer Incidence Rate

The incident rate of invasive cancer has seen a continuous decline in both Arizona and the US over the last decade. Arizona has consistently been below the US incident rate.



Source: AZ Cancer Registry; US Cancer Statistics Working Group (age-adjusted rate per 100,000 population)

2017-2021 Invasive Cancer Incidence Rate, by County



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Invasive cancer is a cancer that has spread beyond the tissues where it started. The Arizona Cancer Registry works to improve the reporting rate of cancer in Arizona; however, this work is ongoing and not all cancer cases in Arizona are reported. This may complicate any disparities analysis. Adult cancer is a disease that can, but does not always, reflect lifestyle choices. Mohave County has the highest smoking rate in the state, and this could impact its higher rate of cancer incidence. Other risk factors include occupational and environmental exposures, genetics, and age.

The rate of children with invasive cancer in Arizona increased from 2017 to 2019. Today, our children are diagnosed with cancer at a slightly higher rate than the national average.
Men have higher rates of invasive cancer than women. White Arizonans have the highest rates of invasive cancer — nearly double that of Asian or Pacific Islanders, who have the lowest rates.

Childhood Cancer Incidence Rates, by Diagnosis Year, Arizona and US

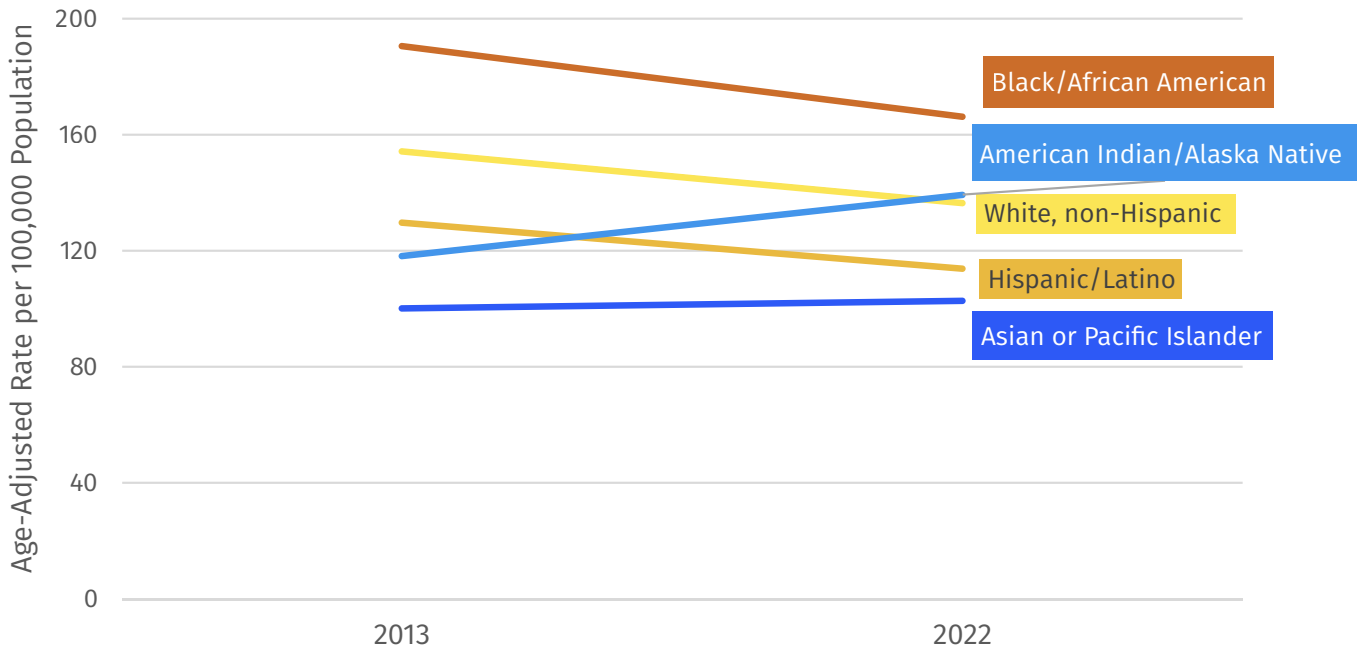
AZ & US INVASIVE CHILDHOOD CANCER INCIDENCE RATES BY DIAGNOSIS YEAR, 2013-2022		
	AZ	US
2013	167.2	185.4
2014	184.0	191.3
2015	208.0	196.6
2016	172.4	194.8
2017	179.9	189.2
2018	208.1	189.5
2019	193.6	182.0
2020	180.5	176.6
2021	182.2	Not Available

Source: Arizona Cancer Registry US Cancer Statistics Working Group-US Cancer Statistics Data Visualizations Tool

The deadliest cancers in Arizona are lung and bronchus, colorectal, pancreatic, female breast, and prostate cancers. Men have a 25% higher rate of cancer death compared to women. Black Arizonans die from cancer at a higher rate than other groups.

Cancer Mortality Rate, by Race/Ethnicity

Cancer mortality rates do differ by racial and ethnic groups in Arizona. Blacks have seen a decline over the past 10 years but still have the highest rates overall.



Source: ADHS Health Status and Vital Statistics

WEBSITE
azhealth.gov/cancer

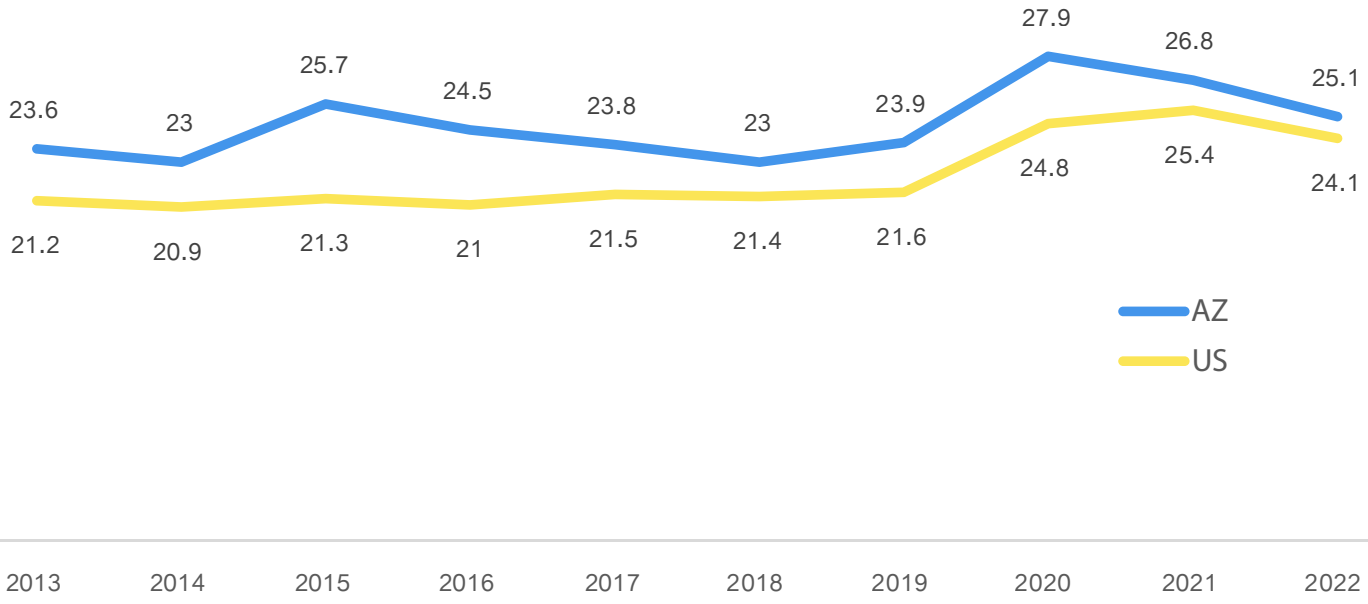
RESOURCES

- The Arizona Cancer Registry Data Dashboard (azhealth.gov/cancerdata) collects information on cancer in Arizona. The University of Arizona Cancer Center Advisory Board provides guidance to the Cancer Center (cancercenter.arizona.edu).

- The Center for Native American Cancer Health Equity (in.nau.edu/native-american-cancer-health-equity) works to improve screening and education among Native Americans.

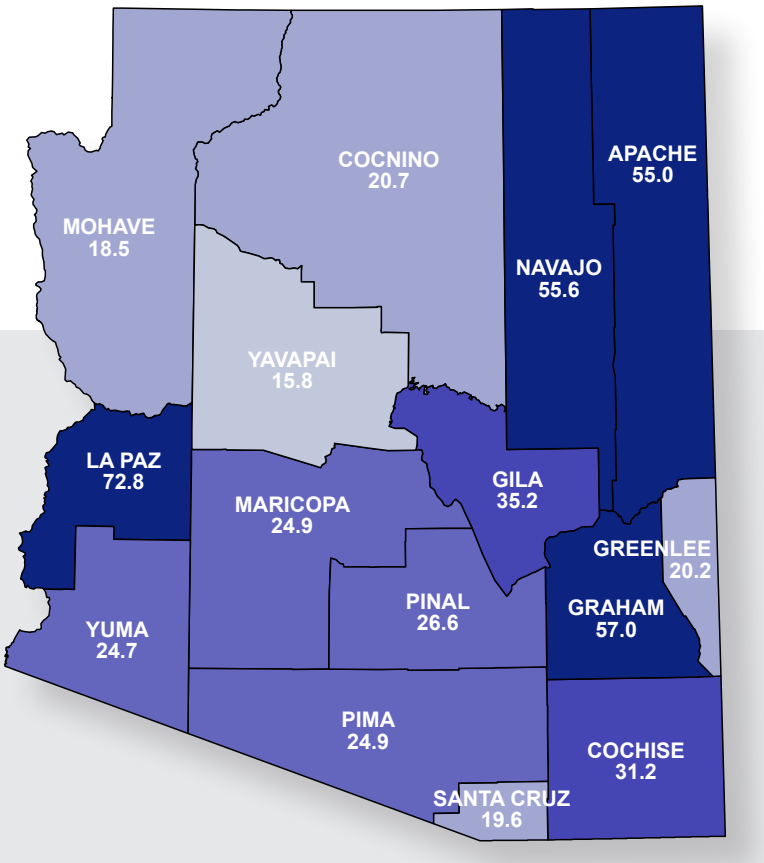
Diabetes Mortality Rate

Diabetes has been in the top 10 causes of death in Arizona for the past 10 years and while there has been some improvement seen since 2020 there is still room for improvement. The mortality rate in Arizona has been between 23 and 28 per 100,000 population.



Source: ADHS Health Status and Vital Statistics;
CDC National Center for Health Statistics (rate per 100,000 population)

2022 Diabetes Mortality Rate, by County



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

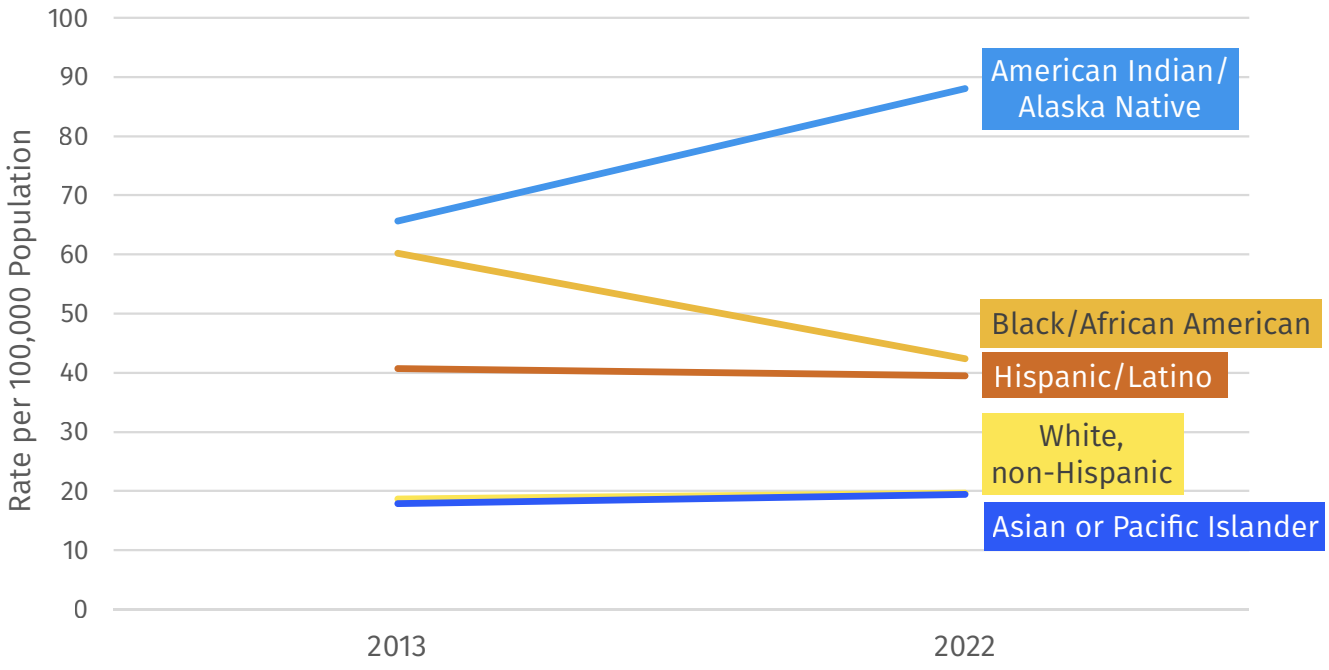
Diabetes affects nearly 600,000 adults and is the seventh-leading cause of death in our state. About one in three adults in Arizona are affected by prediabetes. As the numbers increase, close to 90% of those with prediabetes are not aware they have it, exacerbating their risk of developing Type 2 diabetes. Current population growth trends suggest that by 2050 there could be almost 12 million people living in Arizona, and nearly half of them could be affected by prediabetes or diabetes.

Native American, Black, and Hispanic communities are at the greatest risk for diabetes and prediabetes. The percentage of adults who have ever had diabetes in Arizona is higher among adults over 45 years old. However, from 2012 to 2021, the percentage of adults who have ever had diabetes also increased among adults aged 35-55.

People with prediabetes have higher blood sugar than normal, but not high enough yet for a diabetes diagnosis. Prediabetes is a serious health condition that increases the risk of developing type 2 diabetes, heart disease, and stroke.

Diabetes Mortality Rate, by Race/Ethnicity

Over the past 10 years, there has been a noted improvement in the diabetes mortality rate for Blacks in Arizona while the Native American/Alaska Native population has seen a significant increase in mortality.

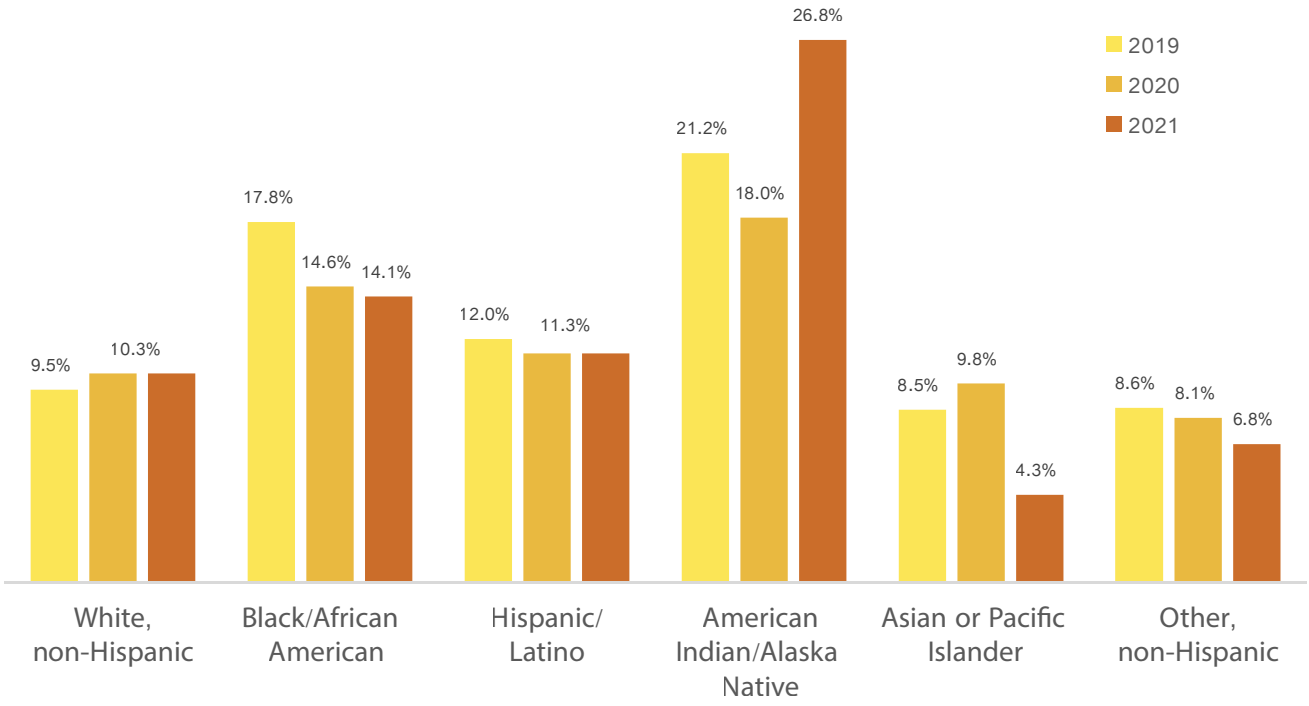


Source: ADHS Health Status and Vital Statistics

Diabetes and prediabetes prevalence vary across Arizona counties with the highest rates in Apache and Navajo counties. The number and rates of discharges for diabetes-specific visits varied by county. While the most discharges occurred in high-density areas, the highest rate of discharges per 10,000 county residents were in La Paz, Gila, and Cochise counties.

Adults Reporting Ever Having Diabetes, by Race/Ethnicity

From 2019-2021, White, non-Hispanic and American Indian/Alaska Native groups reported an increase in having diabetes.



Source: Behavioral Risk Factor Surveillance System

In Arizona, the combined yearly direct and indirect costs of diabetes are a staggering $6.8 billion a year.

"I appreciate having stores nearby where I can get all the ingredients I need to prepare meals for my family."

Refugee community member

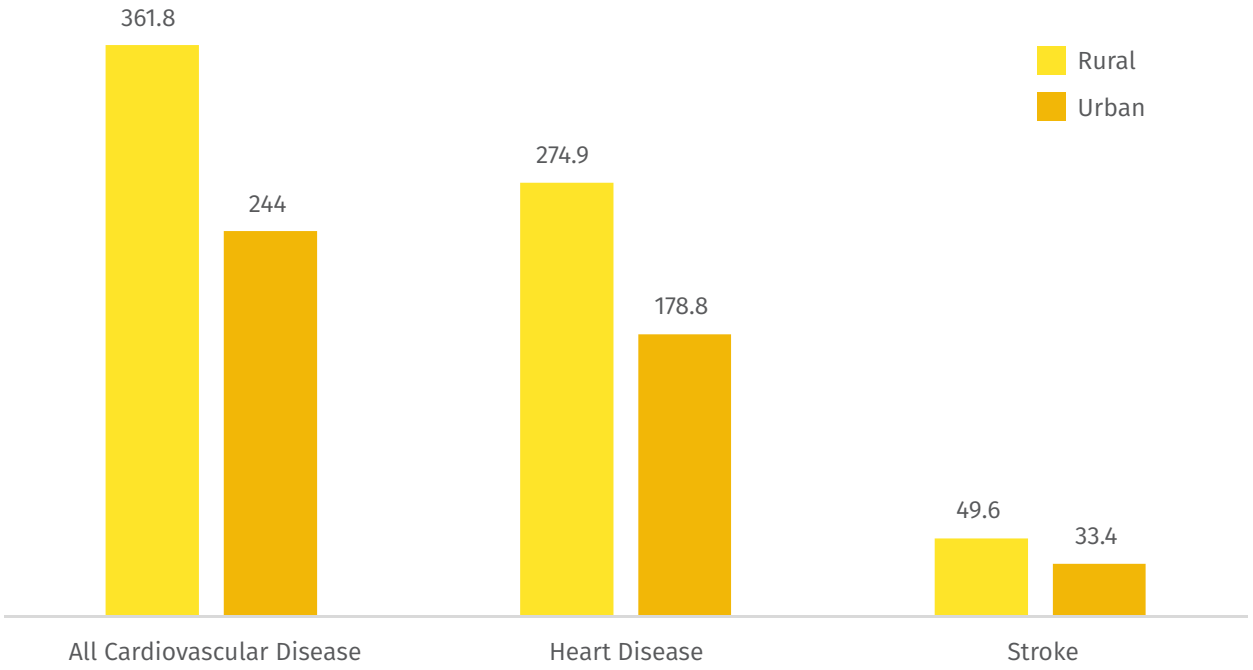
WEBSITE
azhealth.gov/diabetes

RESOURCES

- The Arizona Diabetes Coalition (tapaz.org/project/arizona-diabetes-coalition) works to promote diabetes prevention and control for families, the healthcare system, and the state.

2022 Cardiovascular Disease Mortality Rate, by Urban/Rural

The rate of cardiovascular disease mortality has a disproportionate effect on our rural populations compared to the urban populations. In 2022, both heart disease and stroke mortality were higher.



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Since 2016, heart disease continues to be the leading cause of hospitalization and death in Arizona for most racial and ethnic groups. While hospitalization for heart problems like high blood pressure, stroke, and heart disease were mostly linked to adults aged 65 and older, heart disease remains the most likely reason for hospitalization of adults aged 20 and older. Men are diagnosed with heart disease more than women. Rural and underserved areas — especially those with professional shortages, food deserts, and high poverty rates — have much higher rates of heart disease and stroke.

Risk factors for heart disease and stroke include high cholesterol, high blood pressure, lack of physical activity, lack of access to preventive care, smoking, diabetes, and poor nutrition. Our rates of high cholesterol have decreased but high blood pressure rates are increasing.

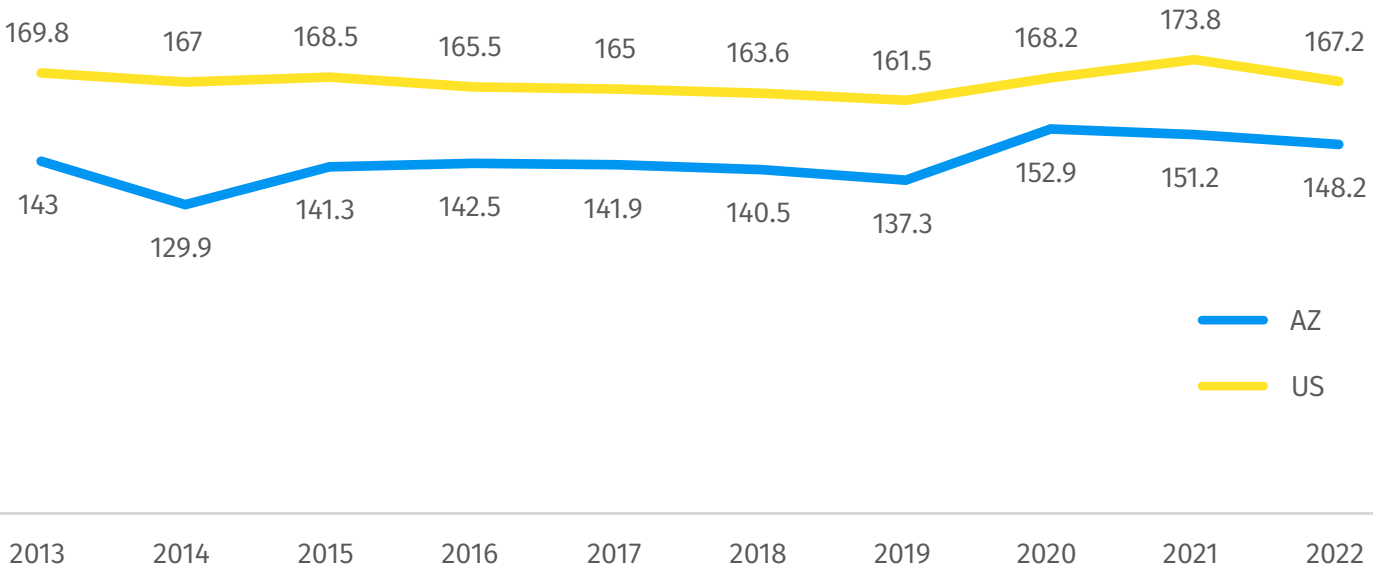
Redlining can be defined as a discriminatory practice that consists of the systematic denial of services such as mortgages, insurance loans, and other financial services to residents of certain areas, based on their race or ethnicity.

It was a common practice in our history (even here in AZ) and is now illegal. Neighborhoods that were redlined are commonly lagging behind neighbors when it comes to economic development

Nine out of 10 Arizonans who have a heart attack outside of a hospital will die. Bystanders who know CPR or know how to use a defibrillator offer the best chance to survive a heart attack. However, Black and Hispanic Arizonans, as well as people in redlined neighborhoods, are less likely to receive CPR from bystanders during cardiac arrest at home or in public. Black Arizonans also experience the highest mortality rates overall for heart disease.

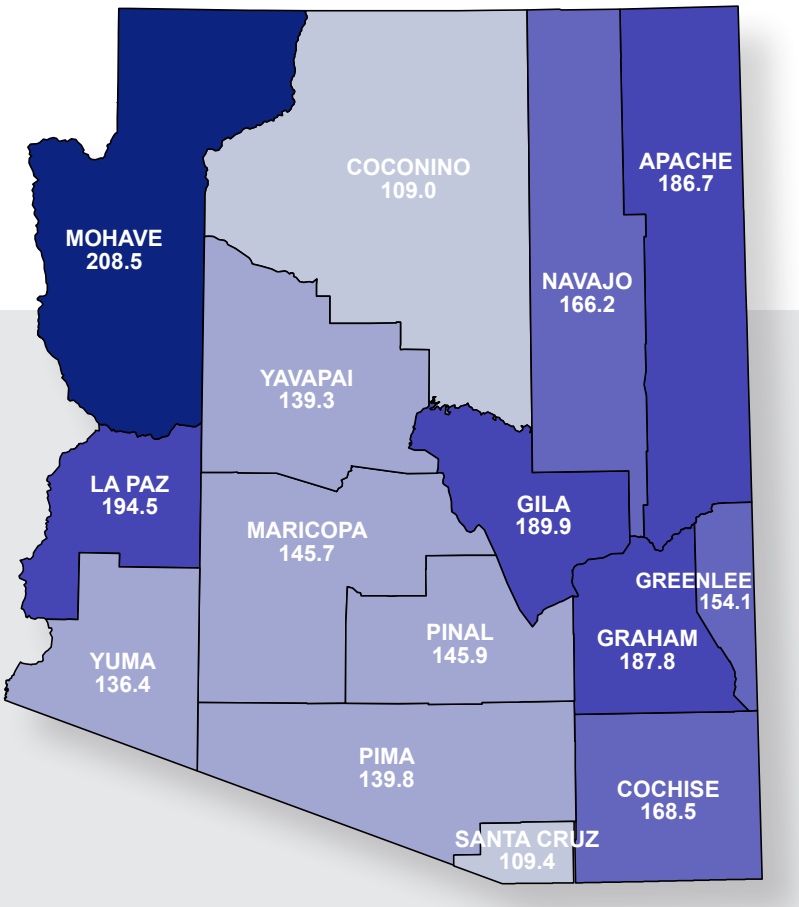
Heart Disease Mortality Rate

Heart disease in Arizona continues to be a leading cause of death and the mortality rate has seen a slight increase since 2019.



Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics (rate per 100,000 population)

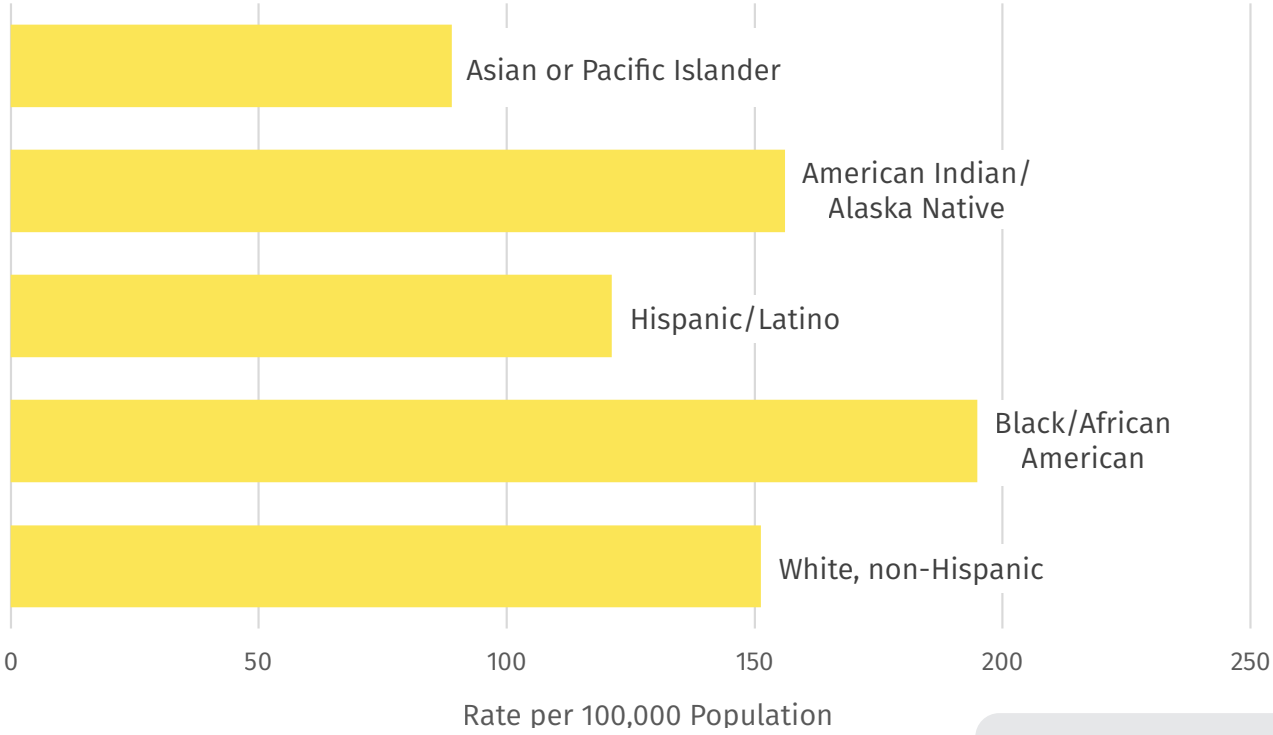
2022 Heart Disease Mortality Rate, by County



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Heart Disease Mortality Rate, by Race/Ethnicity

Health disparities are seen across heart disease mortality in Arizona with American Indian/Alaska Native and Black individuals experiencing a higher rate of mortality in 2022.



Source: ADHS Health Status and Vital Statistics

WEBSITE
azhealth.gov/azcvd

"I worry about everything. Worrying about life. When I wake up, I worry. Every day something happens. This impacts my blood pressure. It takes a toll on my heart."

Black community member

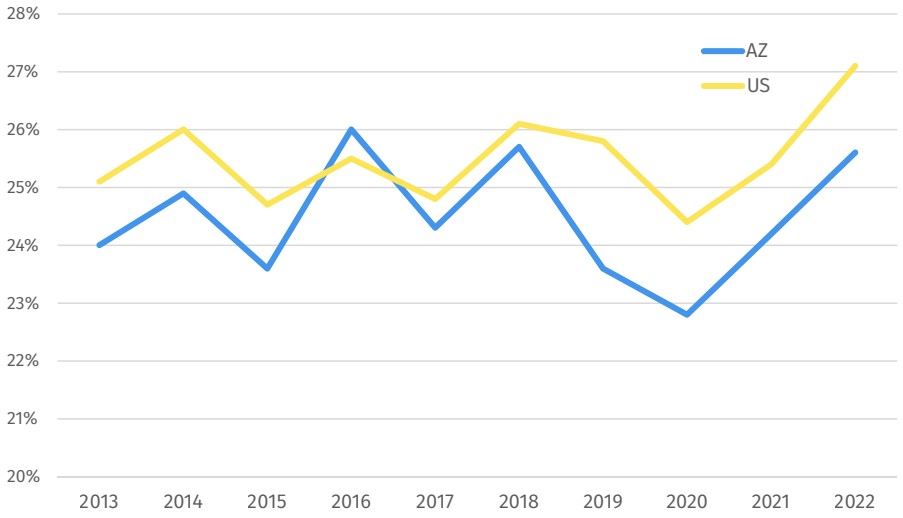
Rural and underserved counties have comparatively more heart problems. Arizonans at the highest risk of heart problems often face barriers in accessing social services. Reducing heart disease and stroke services involves strong community and county partnership to link patients to social services that can help reduce disparities in heart health.

ARTHRITIS

Arthritis is a general term for conditions that affect joints and surrounding tissue. Arthritis is common among people with other chronic conditions such as diabetes and heart disease. While arthritis can affect people of any age, it is more common among older adults. Nearly one in four adults have reported ever being told they have arthritis. Half of adults over the age of 65 have reported being told they have arthritis in 2022.

Adults Reporting Being Told They Have Arthritis

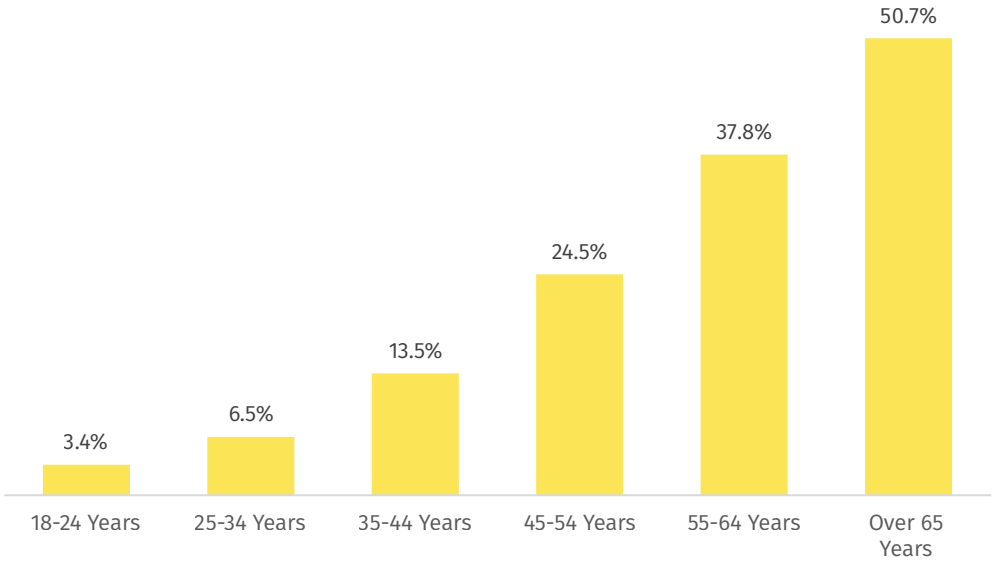
The percentage of adults reporting ever being told they had arthritis has been increasing in Arizona and across the US since 2020.



Source: Behavioral Risk Factor Surveillance System

Adults Reporting Being Told They Have Arthritis, by Age Group

In 2022, the percentage of adults in higher age groups more often reported that they have been told that they have arthritis.



Source: Behavioral Risk Factor Surveillance System

CHRONIC PAIN

While an illness or injury often causes immediate pain in your body, chronic pain can last months or more past the time of normal healing. Chronic pain (referring to non-cancer, non-terminal pain) is real and happens because of changes in the brain and nervous system. It can be hard for people to have pain that they feel but that others, such as family members and friends, can't see. Long-lasting pain can often make life harder, cause problems with daily activities, depression, and substance use disorders.

People living with chronic pain can lead fulfilling lives.

Recent data shows that 20.9% of adults in the US have chronic pain. It's more common among Native American adults, adults identifying as bisexual, and adults who were divorced and/or separated.

28%

32%

29.6%

SUBSTANCE USE DISORDER

Substance use disorder (SUD) is a complex condition that involves a problematic pattern of substance use. SUD is treatable and preventable.

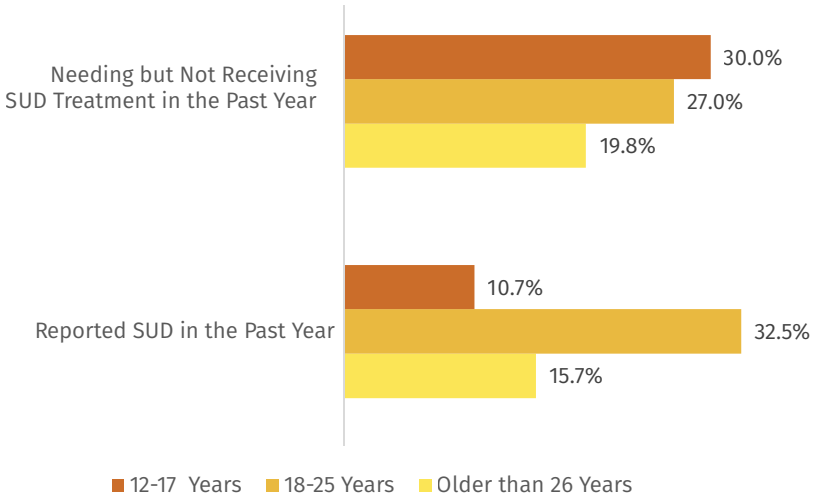
Substances are drugs that have addiction potential, including prescription and non-prescription drugs as well as alcohol, caffeine, cannabis/marijuana, hallucinogens, hypnotics, sedatives and anxiolytics (anti-anxiety drugs), such as sleeping pills, benzodiazepines and barbiturates; inhalants, such as paint thinners, aerosol sprays, gasses and nitrites (poppers); prescription and non-prescription opioids, such as codeine, oxycodone and heroin; prescription and non-prescription stimulants, such as Adderall®, cocaine, and methamphetamine; tobacco/nicotine, such as smoking cigarettes and electronic cigarettes (e-cigarettes or vaping); while these substances are very different from each other, they all strongly activate the reward center of your brain and produce feelings of pleasure.

Substance use/misuse refers to occasional episodes of substance use rather than chronic, habitual, or patterned use. People can use substances occasionally without developing SUD, but even a few episodes of taking certain substances, including tobacco, heroin, cocaine, alcohol, cannabis, and benzodiazepines, can lead to tolerance and dependence.

Access to timely treatment is important to provide a path for people who want help for SUD. In particular, there are FDA-approved treatments for alcohol use disorder, opioid use disorder, and tobacco use disorder.

Substance Use, by Age

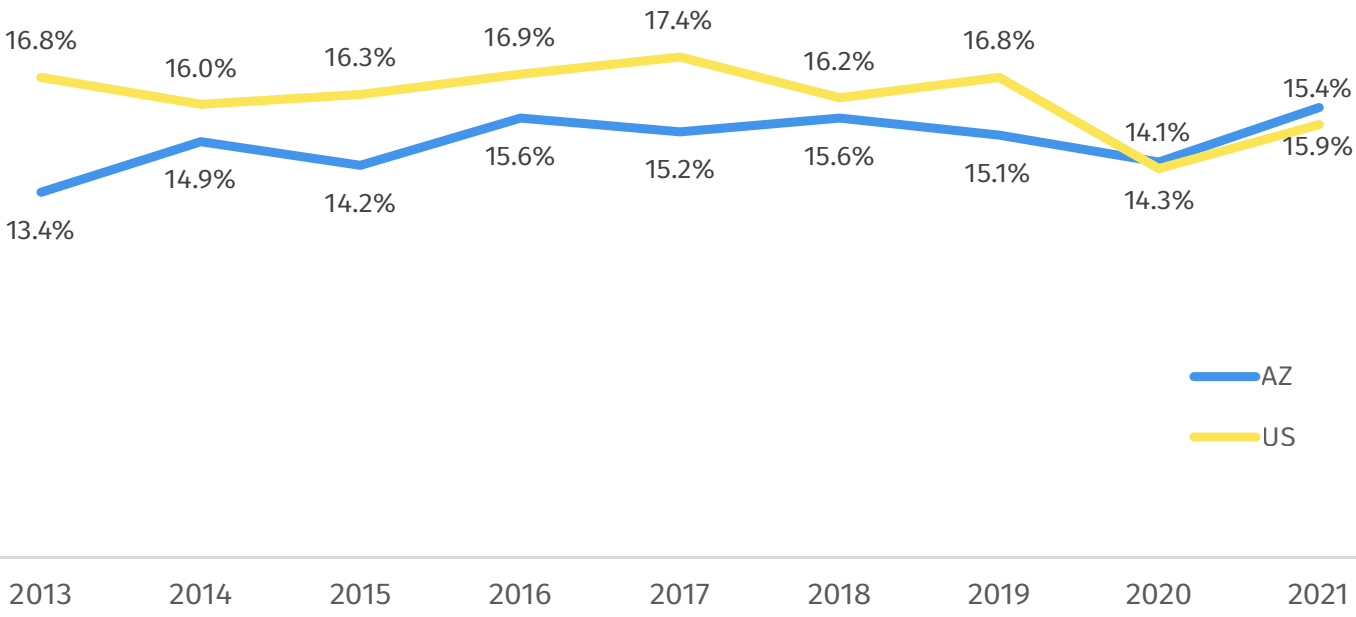
In the 2021-2022, those 12-17 years had the lowest reporting percentage for having a substance use disorder (SUD) in the past year but had the largest percentage of not receiving treatment.



Source: National Survey on Drug Use and Health

Adults Reporting Binge Drinking

Since 2013, an average of 14.9% adults in Arizona and 16.2% of adults in the US reported binge drinking.



Source: Behavioral Risk Factor Surveillance System

Binge drinking is defined as having five or more drinks on one occasion in the last 12 months for males, four or more for females. Binge drinking in Arizona has been lower than the national estimate until 2021 where it rose to 15.9%.

Opioids

Opioid use disorder (OUD) is a complex illness characterized by (1) compulsive use of opioid drugs even when the person wants to stop, or (2) when using the drugs negatively affects the person's physical and emotional well-being. If not treated, OUD can lead to overdose and death. However, treatment is available to ease cravings and help manage the condition.

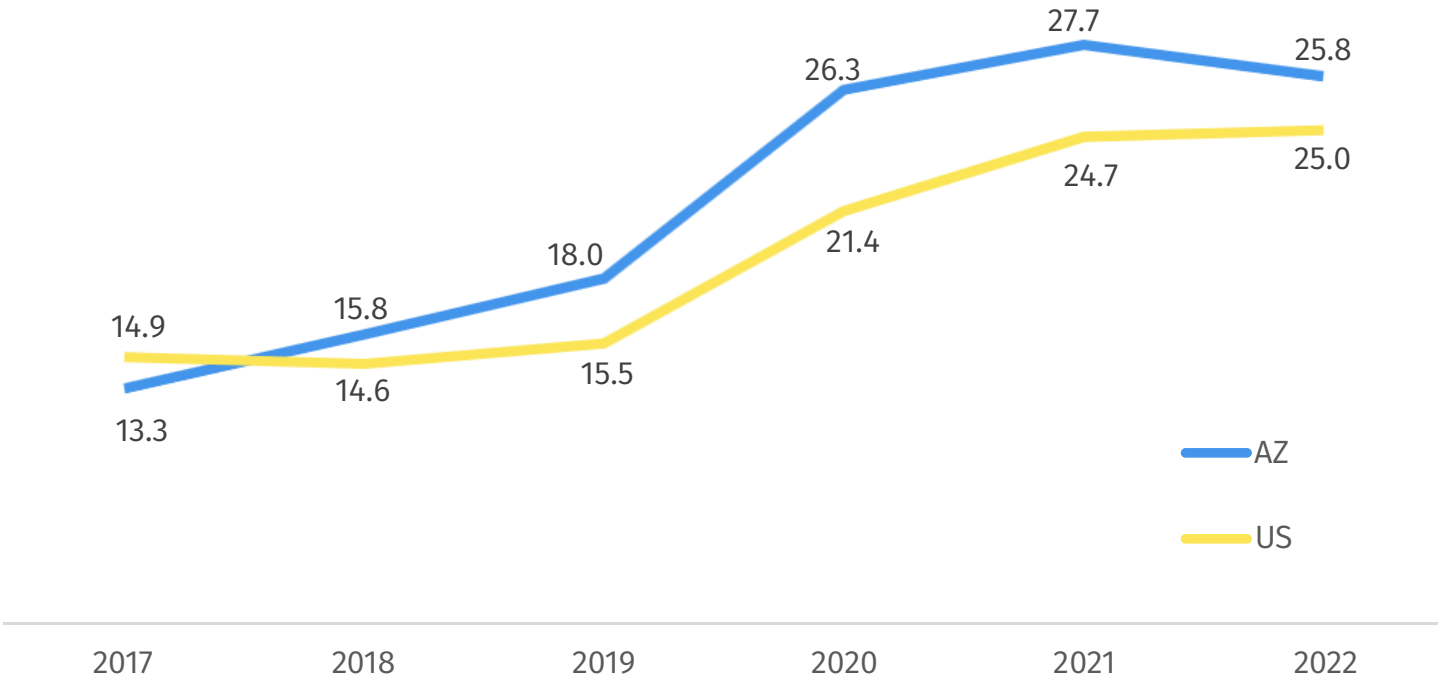
OUD continues to be a major concern in Arizona. Although overdoses from prescription opioids have decreased in recent years, the inflow of smuggled and illegal fentanyl into the US has increased. That, coupled with the availability and the decrease in the price of illicit fentanyl pills has led to an increase in fentanyl-related fatal and non-fatal incidents. It is important to note that the potency of fentanyl means overdoses can occur with people who do not have OUD. For example, someone experimenting with opioids can overdose after just one pill.

↗ 75%

In 2022, nearly 2,000 Arizonans, mostly men, died of opioid overdoses. Over 90% of opioid overdoses were accidents. Almost all involved fentanyl. About half involved other drugs as well.

Opioid Mortality Rate

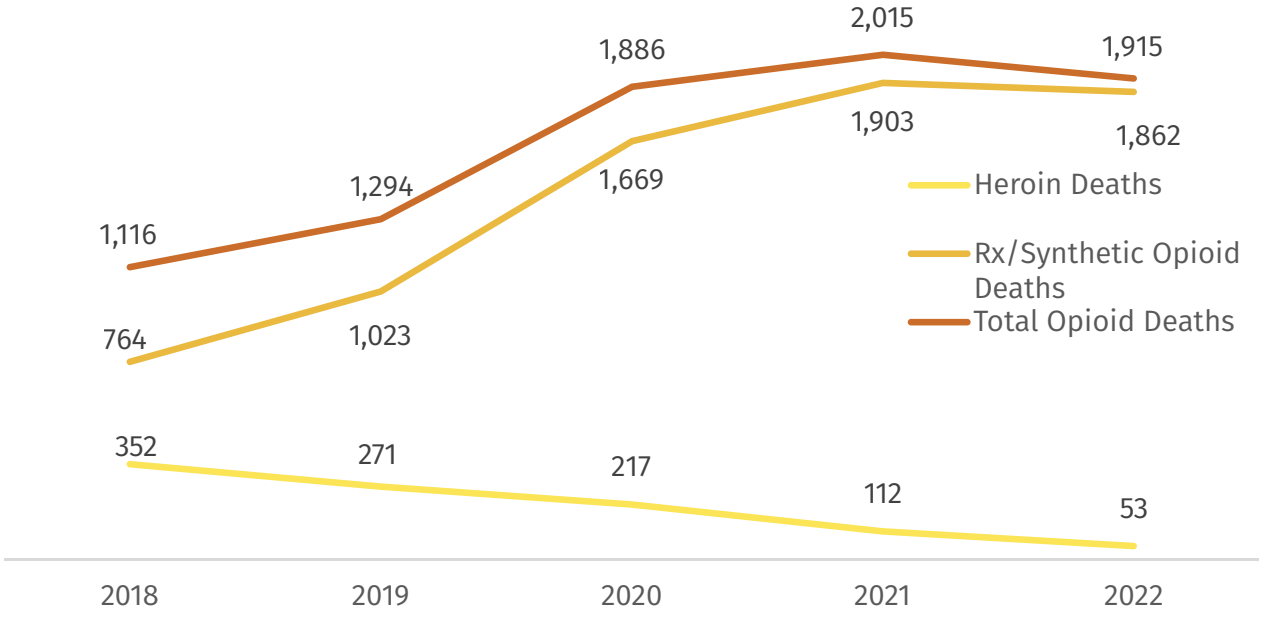
The opioid mortality rate in Arizona and the US was on a steady incline since 2018; however, a slight decrease was seen in 2022.



Source: ADHS Medical Electronic Disease Surveillance and Intelligence System;
CDC National Center for Health Statistics (rate per 100,000 population)

Opioid Deaths, by Drug Type

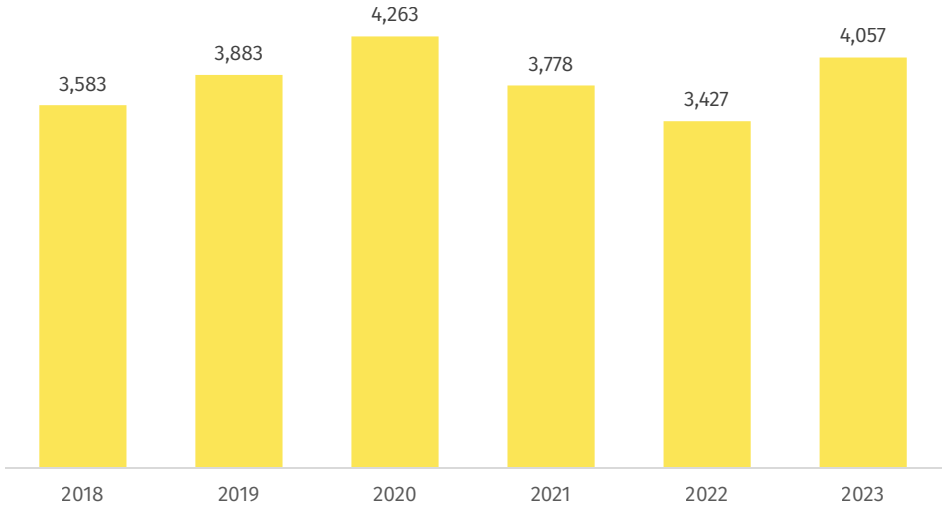
Over the past five years, there has been a decline in opioid deaths related to heroin and rise in prescription(Rx)/synthetic opioid deaths. These prescription (Rx)/synthetic opioid deaths are primarily related to the rise in fentanyl seen both in Arizona and across the US.



Source: ADHS Health Status and Vital Statistics

Non-Fatal Opioid Overdoses

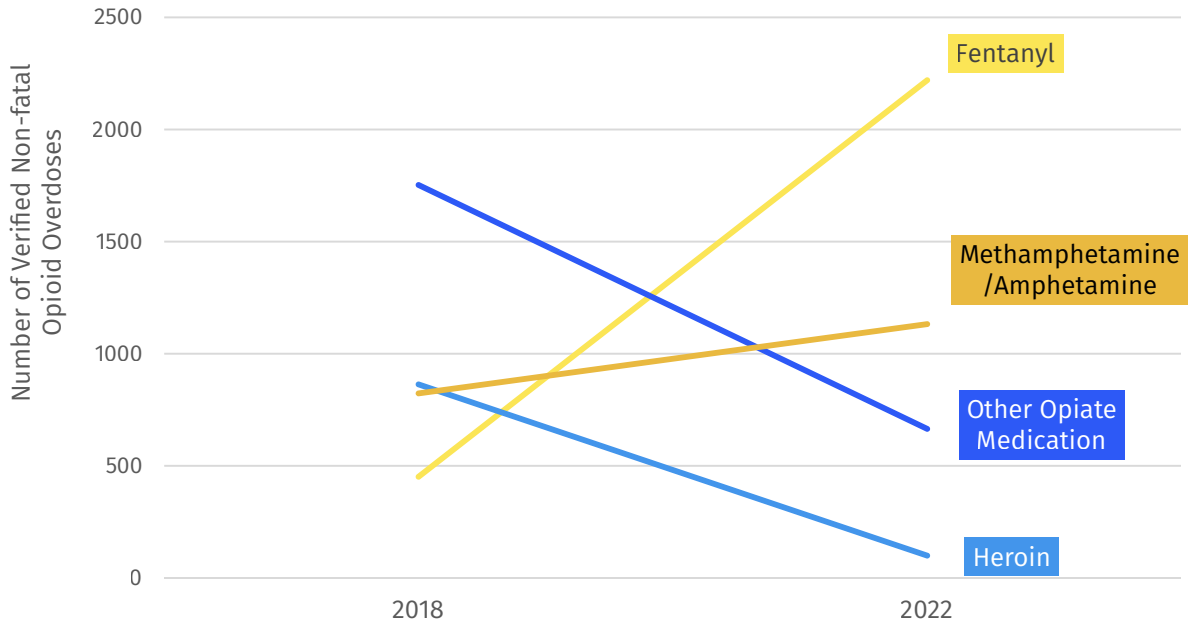
The number of non-fatal opioid overdoses in Arizona saw spikes in 2020 and 2023. While there is some variation seen, since 2018 the number is usually between 3,400 and 4,300.



Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

Verified Non-Fatal Opioid Overdose Events

As the opioid epidemic has progressed in Arizona, there has been a shift seen from heroin and other opiate prescription medications being seen for non-fatal overdoses to an increase in fentanyl and methamphetamines.

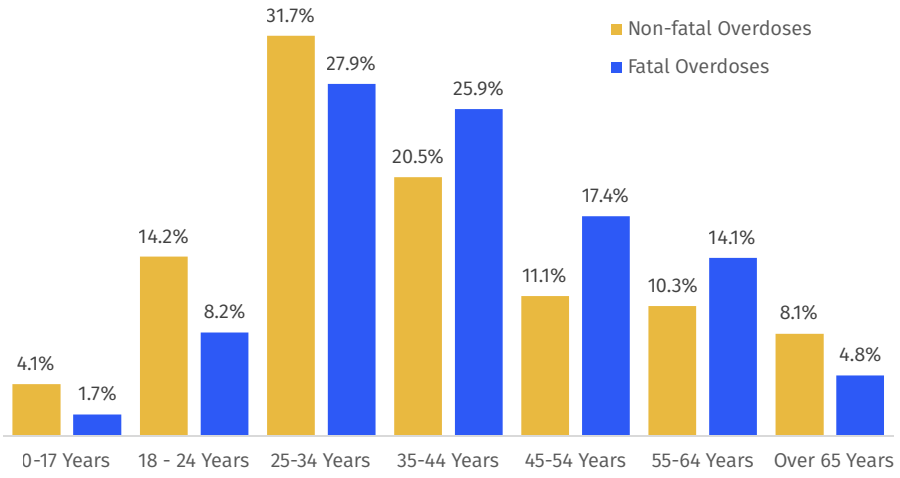


Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

In 2023, naloxone, a medicine that reverses overdoses, became available over the counter at pharmacies across Arizona. Fatal opioid overdoses dropped slightly, in part due to nasal spray naloxone administration by law enforcement and leave behind programs.

Verified Fatal and Non-Fatal Opioid Overdose Events, by Age Group

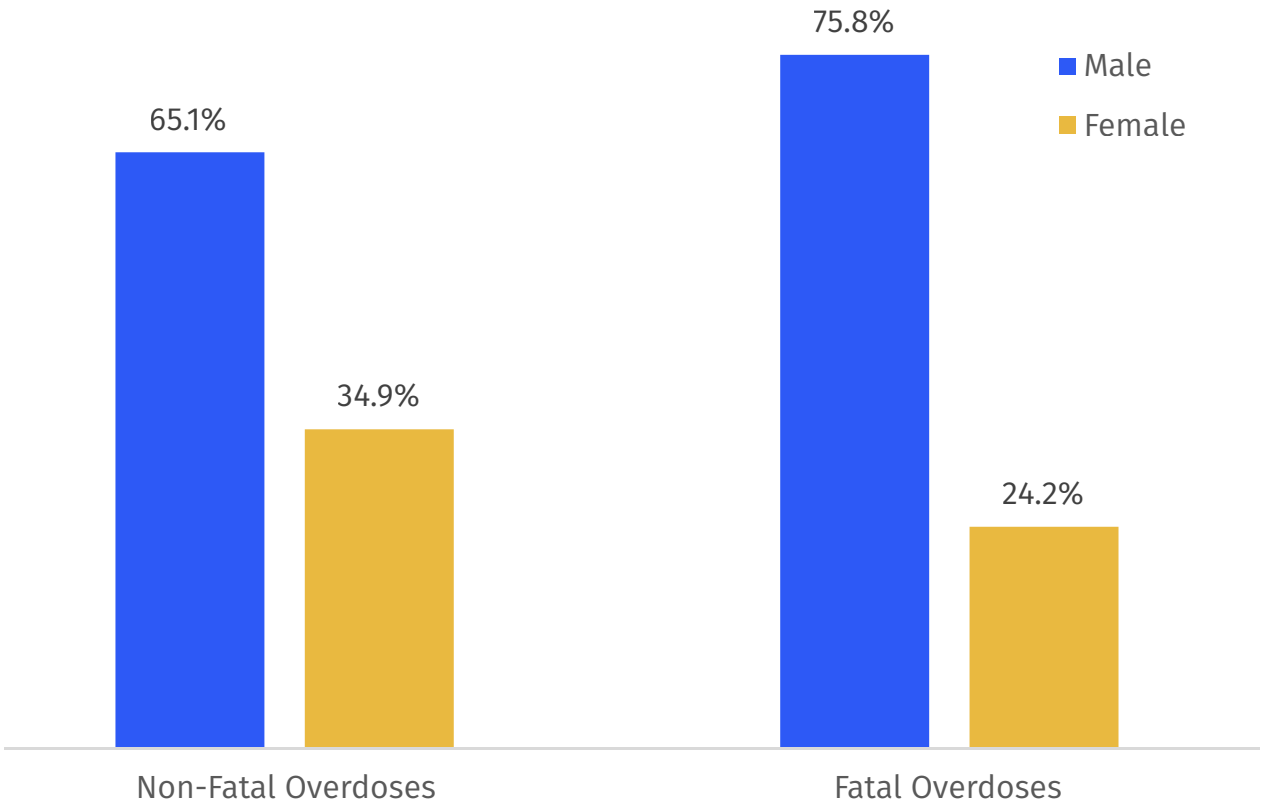
In 2022, verified fatal and non-fatal opioid overdoses had effects across all age groups. A larger proportion of non-fatal overdoses were seen in age groups 18-24 years and 25-34 years whereas a large proportion of fatal overdoses were seen in those 35 to 64 years of age.



Source: ADHS Medical Electronic Disease Surveillance and Intelligence System; ADHS Health Status and Vital Statistics

Verified Fatal and Non-Fatal Opioid Overdose Events, by Sex

In 2022, males saw a significant proportion of both fatal and non-fatal opioid overdoses compared to females.



Source: ADHS Medical Electronic Disease Surveillance and Intelligence System; ADHS Health Status and Vital Statistics

"We have basic needs. We have rights too."

Community member experiencing houselessness

Although anyone can overdose, certain factors have been found to increase the odds of a death being opioid-related: the lack of a high school diploma, age 17 or younger, being a civilian with a disability, limited English language skills, and living in multi-unit housing.

Overdoses that don't result in death are also a serious public health concern, in part because non-fatal overdoses are a significant risk factor for subsequent fatal overdose. The time after a non-fatal overdose may provide an important engagement opportunity to reduce future overdose risk and link people to treatment.

Reported Pre-Existing Conditions for Verified Opioid Overdoses

REPORTED PRE-EXISTING CONDITIONS FOR VERIFIED OPIOID OVERDOSE EVENTS (FATAL AND NON-FATAL)						
	2017	2018	2019	2020	2021	2022
Schizophrenia or Schizoaffective	37	57	57	56	117	104
Cancer	47	87	118	46	77	48
PTSD	58	114	148	57	152	76
COPD/Asthma	110	168	192	184	447	273
Diabetes	97	232	283	171	289	236
Bipolar Disorder	139	235	234	123	293	197
Suicidal Ideation	113	290	329	186	349	164
Depression	366	724	756	383	738	455
Anxiety	287	578	616	308	671	376
Chronic Pain	469	863	777	383	616	390
History of Substance Abuse	352	1,125	1,558	1,158	2,313	1,788

Source: ADHS 5-day Opioid Surveillance System (MEDSIS)
Note: Non-fatal opioid overdoses data for 2017 starts in June and does not include a full year

WEBSITE
azhealth.gov/opioid

RESOURCES

- The Arizona Opioid Assistance and Referral Line (1-888-688-4222, oarline.org) provides free, confidential, 24/7 help from certified medical experts.

- The Academy of Perinatal Harm Reduction (perinatalharmreduction.org) supports parents who use drugs or have lived experience of drug use.

- To locate available treatment for opioid use disorder, AHCCCS has a web-based, real-time Opioid Services Locator (opioidservicelocator.azahcccs.gov/).

Tobacco

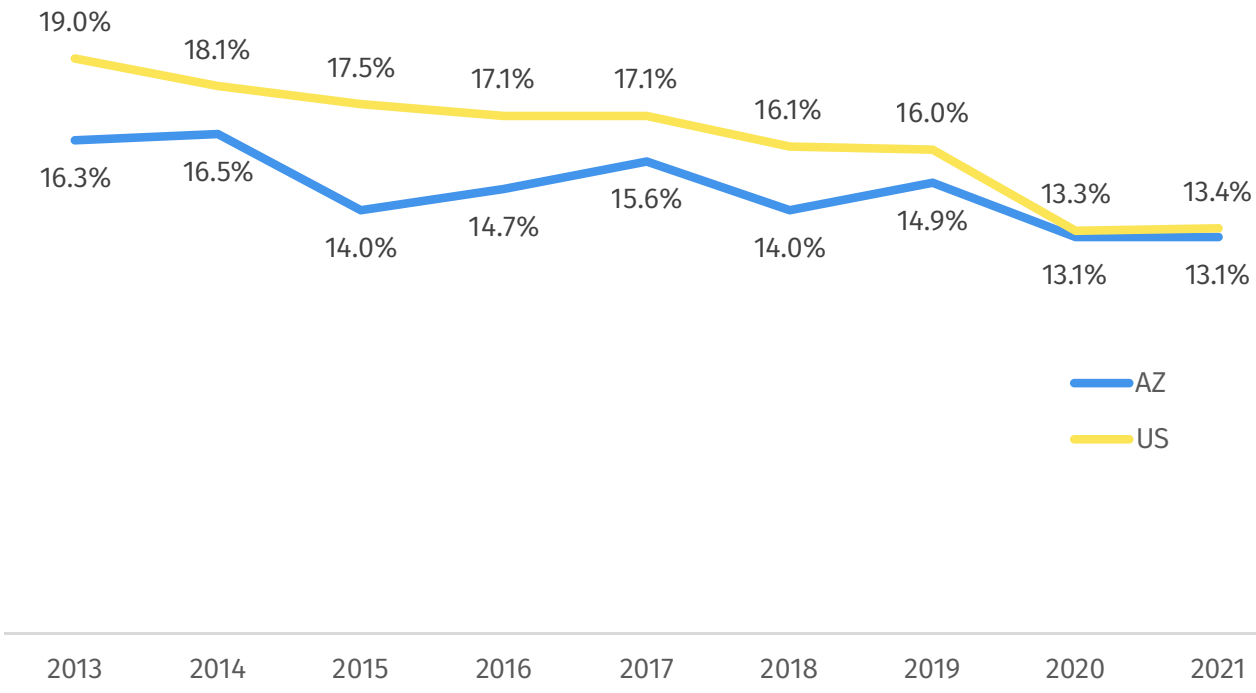
We acknowledge, respect, and recognize the difference between traditional tobacco and commercial tobacco. Some Native American tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This traditional tobacco is different from commercial tobacco – tobacco that is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death. When the term 'tobacco' is used in this document, it is referencing only commercial tobacco.

Although tobacco use disorder is the most common substance use disorder in the US, Arizonans smoke tobacco less than in most other parts of the country. In 2022, Arizonans aged 25 to 64 had the highest percentage of current smokers.

The percent of adults reporting current smoking varies across Arizona counties. People who make less money were more likely to say they smoke.

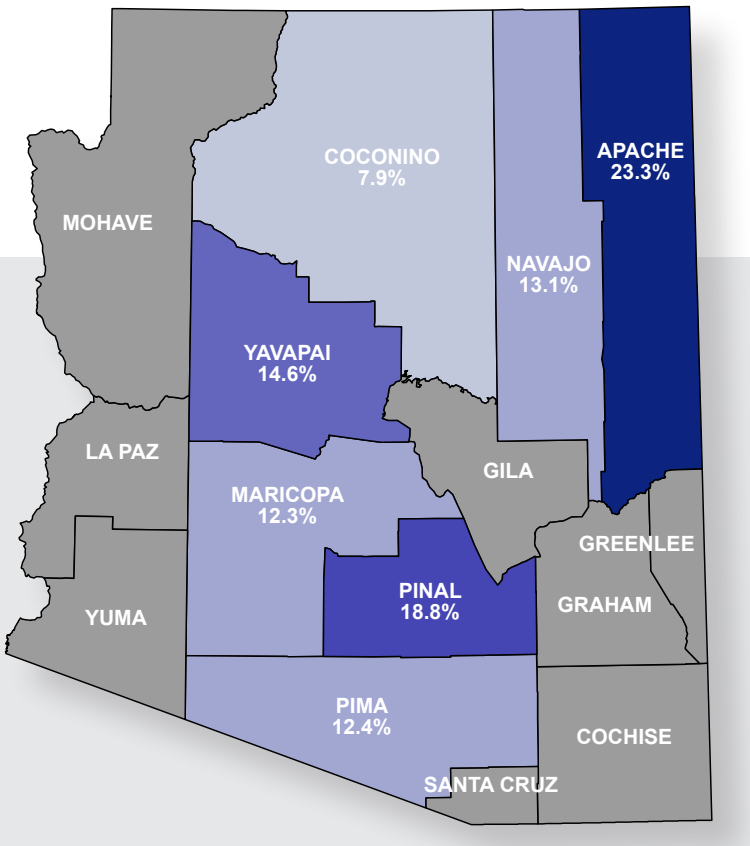
Adults Reporting Currently Smoking

Overall, the percentage of adults of reporting currently smoking has seen a continuous decline in both Arizona and across the US.



Source: Behavioral Risk Factor Surveillance System

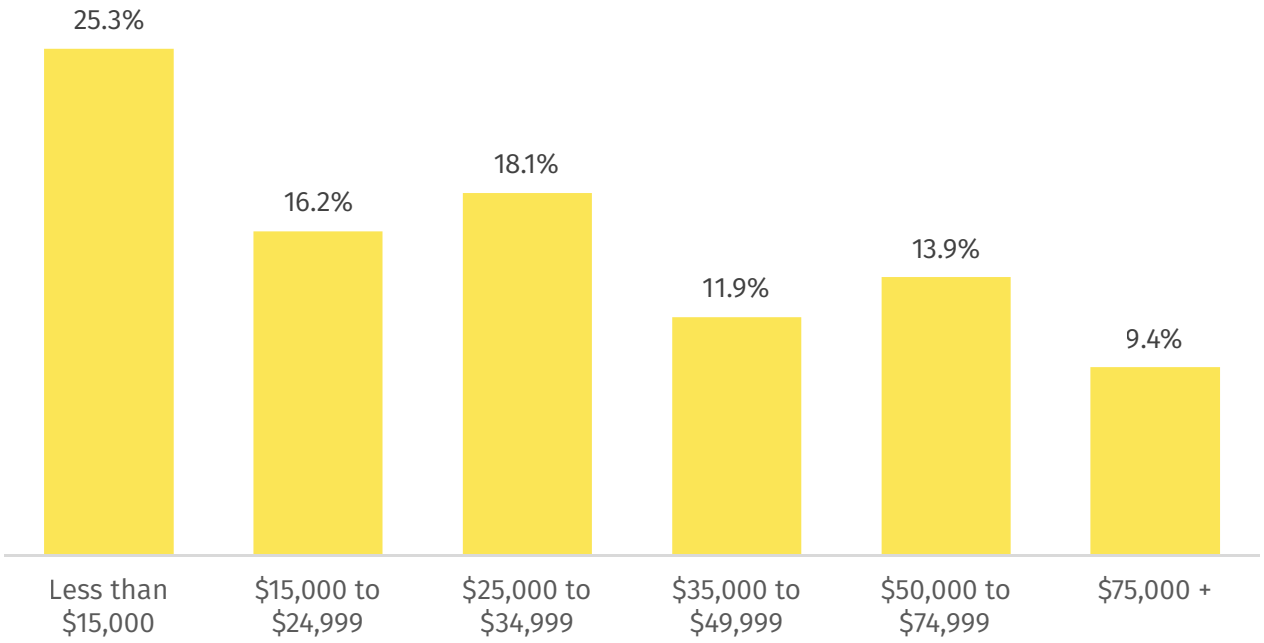
2021 Adults Reporting Currently Smoking, by County



Source: Behavioral Risk Factor Surveillance System

Adults Reporting Currently Smoking, by Income

In 2021, those who reported currently smoking were most commonly at the lower income level.

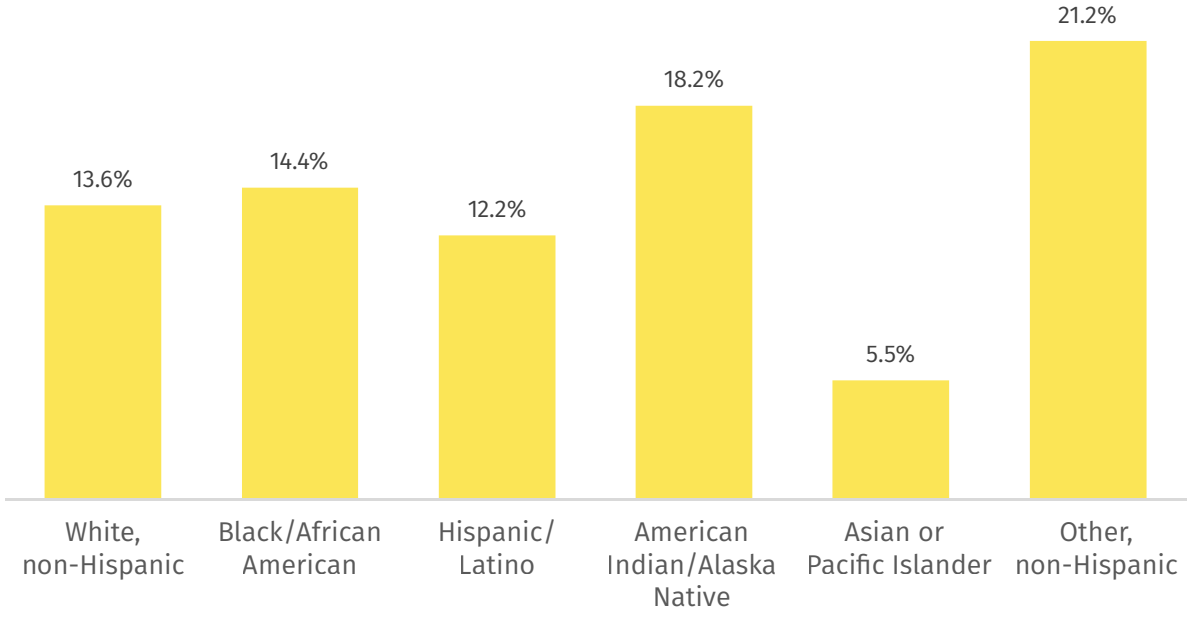


Source: Behavioral Risk Factor Surveillance System

The smoking rate among Hispanic Arizonans is nearly double the national Hispanic average. Recent research shows that Hispanic smokers in Arizona have less access to providers, are less likely to access support resources to quit smoking, and have lower levels of nicotine screening mechanisms.

Adults Reporting Currently Smoking, by Race/Ethnicity

In 2021, the most common racial and ethnic groups who reported currently smoking were American Indian/Alaska Native and Other, non-Hispanic.

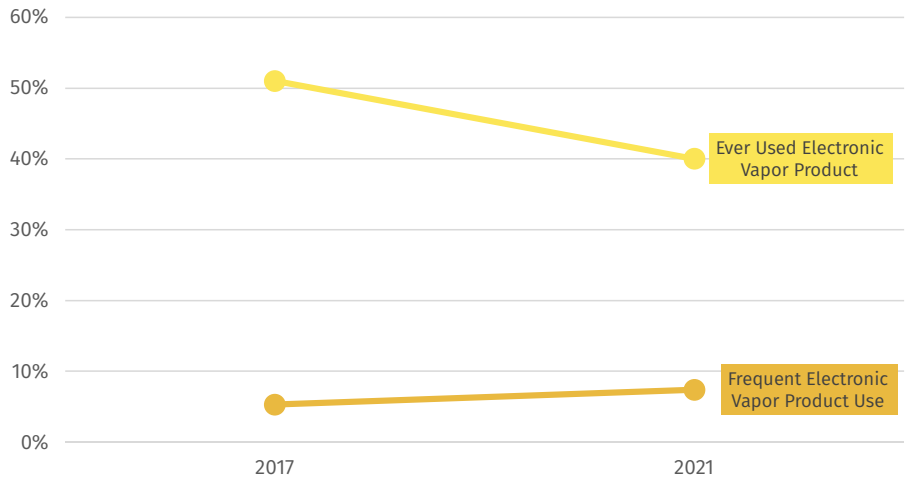


Source: Behavioral Risk Factor Surveillance System

Electronic Vapor Product Use in High School Students

While the percentage of high school students who frequently reported using electronic vapor products has increased by 2.1%, there has been a larger decrease in those reporting ever using electronic vapor products from 2017 to 2021.

Electronic cigarette use has increased among adults across the US. Electronic cigarette use is higher among adults in Arizona than in the US. In 2021, 8.8% of Arizona adults reported current electronic cigarette use, compared to 6.6% nationally.

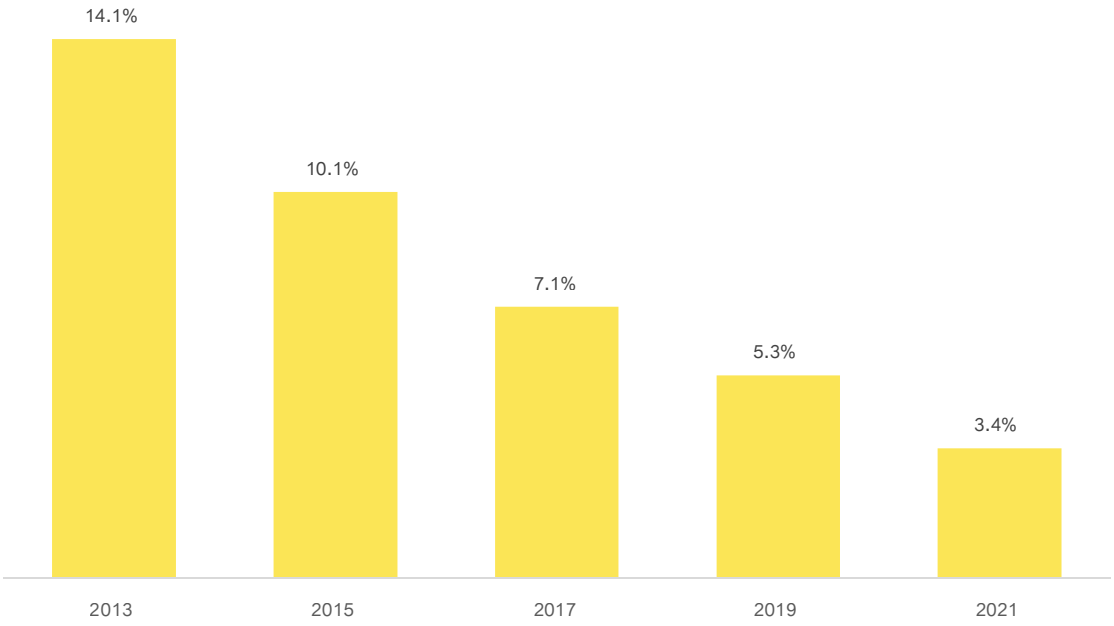


Source: Youth Risk Behavior Surveillance System

While cigarette use among Arizona teens sits at an all-time low, vaping remains concerningly high. New commercial tobacco products that target adolescents continue to be of concern.

Current Cigarette Use in High School Students

The percentage of high school students who currently report cigarette use has significantly dropped since 2013 from 14.1% to 3.4% in 2021.



Source: Youth Risk Behavior Surveillance System

Each year, the American Lung Association issues a letter grade to each state to rank how well we are protected from secondhand smoke. The Smoke-Free Arizona Program has had an A rating for more than 15 years for its strong compliance endeavors. In 2023, 412 complaints alleging violations of the Smoke-Free Arizona Act were filed statewide and 406 inspections were conducted. Also, a total of 29,863 educational visits and consultations were conducted.

Smoking causes over $2 billion dollars in annual healthcare costs.

WEBSITE
tobaccofreearizona.com

RESOURCES

- The Arizona Smokers' HelpLine, or ASHLine (1-800-55-66-222, ashline.org) offers free, confidential coaching to help people quit tobacco products, and nicotine replacement therapy to help people end their dependence on nicotine.
- The Smoke-Free Arizona program (azhealth.gov/smokefreearizona) works to ensure smoking does not occur in most public places or workplaces.

PROTECTIVE FACTORS

Protective factors such as nutrition, physical activity, and oral hygiene offer health benefits that protect against chronic diseases. However, not all Arizonans have adequate money, time, or access to healthy foods, safe places to be physically active, and healthcare providers.

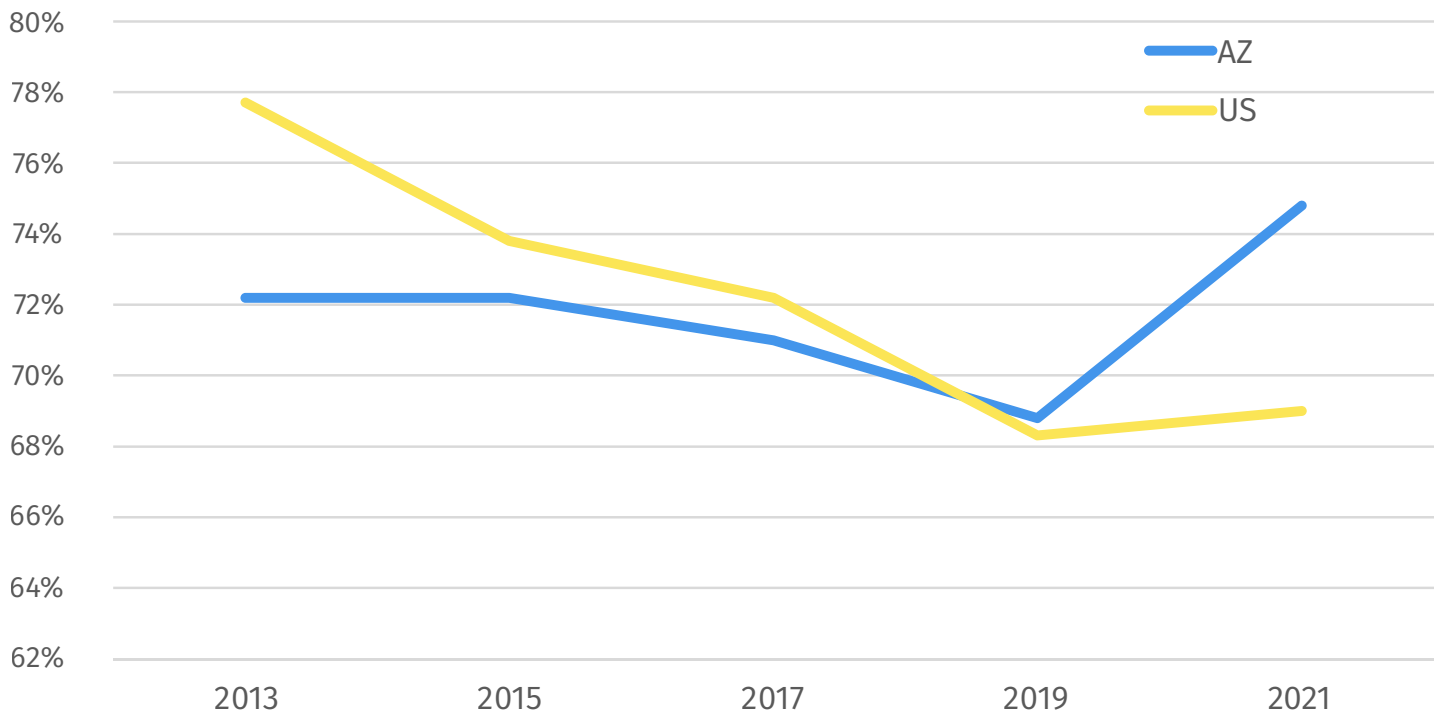
"When you are well, you are at peace."

Aging Adult community member

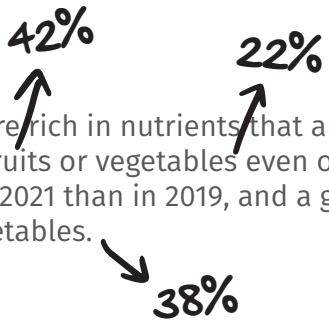
NUTRITION

Soda Consumption in High School Students

Since 2013, the percentage of high school students who reported drinking soda or pop in the last week saw a decrease in Arizona and the US. In 2021, Arizona and the US saw an increase and in Arizona the rate was higher than previous reporting years.



Source: Youth Risk Behavior Surveillance System



Fruits and vegetables are rich in nutrients that are important to health and to prevent disease. Many adults in Arizona did not eat fruits or vegetables even once a day in 2021. In fact, more adults in Arizona ate fruits less than once a day in 2021 than in 2019, and a growing number of surveyed high school students in 2019 reported eating no vegetables.

"For someone in a western model telling me to lose weight is offensive."

Native American community member

Food insecurity refers to families not having enough nutritious foods to live an active, healthy life. In Arizona, food insecurity has decreased over the past decade, affecting around 15 percent of Arizona households from 2018 to 2020. The Supplemental Nutrition Assistance Program (SNAP) offers a monthly benefit to help make food more affordable. Although one in four Arizonans meet income eligibility for SNAP, only 74% of eligible people in 2020 received food assistance.

Food apartheid, commonly referred to as a food desert, is an area with low access to supermarkets and grocery stores that sell healthy, affordable, foods. Every Arizona county has them. Farmers markets offer access to fresh, affordable, nutritious food. Although Arizona has fewer farmers markets overall than in the US, comparatively more Arizona farmers markets accept WIC program vouchers than the national median.

"Cooking food at home is a big part of our culture."

Refugee community member

Sugar-sweetened beverages are significant sources of added sugars among adults in the US. Arizona high school students drank more sugar-sweetened beverages than the national average in 2021. In 2018, 37.3% of adults in households receiving food assistance drank sugar-sweetened beverages at least once per day, compared to 24.1% of adults in other households.

RESOURCES

- The Arizona Food Systems Network (azfsn.org) collaborates with stakeholders to improve food access.

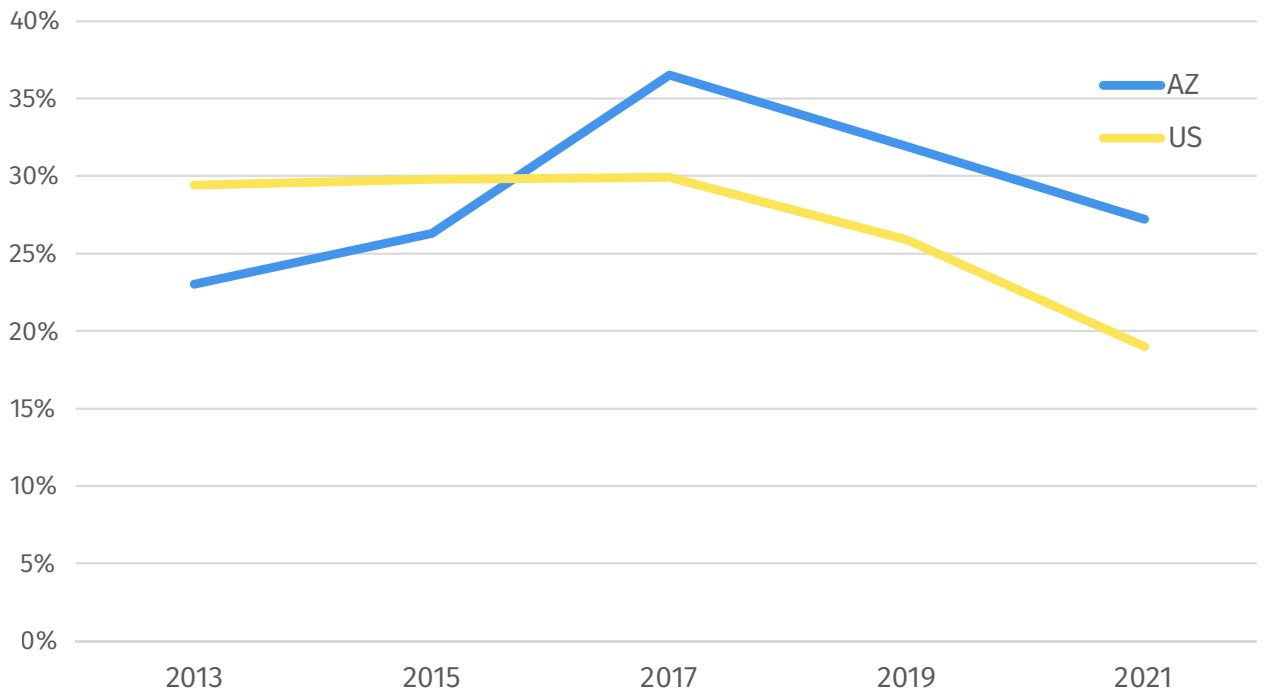
PHYSICAL ACTIVITY

Regular physical activity reduces our risk of diabetes, heart disease, infectious diseases, and some cancers. It can also help manage existing conditions and disabilities and it has been shown to improve mental health. For older adults, physical activity can reduce the risk of falls or injury from a fall. Sedentary behaviors in children may be measured by screen time — their time spent in front of a TV, computer, smart phone, or other electronic devices playing video games, accessing the internet or using social media (not counting school work).

Although the percentage of children who watch TV for three or more hours per day decreased from 2015 to 2019, the percent who played video or computer games or used a computer for three or more hours per day increased over the same time period. There has also been a general downward trend in our schools requiring physical education classes, with less than half the schools in grades 10 through 12 requiring physical education classes. The percentage of high school students in Arizona attending physical education five or more days per week has also decreased from 2017 to 2021. → from 37% to 27%

Physical Education Attendance in High School Students

Since 2017, the percentage of high school students attending physical education five or more days in one week has seen a decrease in both Arizona and the US.



Source: Youth Risk Behavior Surveillance System

“The climate in Arizona is conducive for outdoor activities. It’s nice that those are free.”

Hispanic community member

The CDC recommends that each week, adults get at least 150 minutes of moderate or 75 minutes of vigorous activity as well as participate in muscle-strengthening activities twice per week. In 2019, 25.5% of adults in Arizona met both of these recommendations, while 34.2% did not meet either one. Adults in lower income households were less likely to meet physical activity recommendations than other households.

ORAL HEALTH

Arizona's children, pregnant women and their infants, adults, older adults, and people with developmental disabilities all suffer greater oral health disparities than similar groups in other states in the US.

Although oral conditions are usually not considered chronic conditions, poor oral health is associated with other chronic diseases such as diabetes, heart disease, dementia, and certain forms of cancer. Oral diseases are also associated with risk behaviors such as tobacco use and consumption of sugary foods and beverages.

With the exception of dental sealants, Arizona fell far short of oral health goals. Tooth decay, though largely preventable, remains the single most common chronic condition among our children. Most kindergarteners in Arizona have a history of tooth decay. Lower income schools have more tooth decay compared to higher income schools. Native American and Hispanic children also have more decay compared to others.

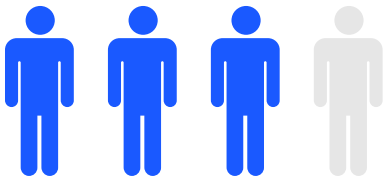
"Dental health is mental health. If you can't find shelter or food to eat, that messes with your mind. If it's cost prohibitive, that affects your mental health. It is all linked together."

Black community member

Rates of tooth decay in Arizona adults also exceed national averages. More than 40% of adults in Arizona report having felt pain in their mouth within the last year, and more than 80% of people will have had at least one cavity by age 34. This pain and suffering translates into lost productivity and poor individual and community health.

Preventive dental visits offer an opportunity to monitor oral health status, provide treatment when necessary, and reinforce proper oral hygiene. In Arizona, 75% of children ages 1-17 had a preventive dental visit in the past year.

3/4



According to the 2020-2021 National Survey of Children's Health, three of four Arizona children 1-17 had a preventive dental visit in the past year.

On average, over 34 million school hours and more than $45 billion in productivity are lost each year as a result of dental emergencies requiring unplanned care.

WEBSITE
azhealth.gov/oralhealth

RESOURCES

- The Arizona Oral Health Coalition (azohc.org) works to address oral health disparities in Arizona.

FOOD SAFETY & ENVIRONMENTAL HEALTH

FOODBORNE ILLNESS

One of every six Americans become ill with a foodborne illness each year. Pathogens that are commonly spread through food include salmonella, E. coli, Listeria, Campylobacter, Yersinia, and Vibrio.

In 2021, diseases commonly spread through food impacted Native American Arizonans at a higher rate than all other groups combined. Arizona investigated 16 foodborne outbreaks. 11 had a specific food source identified or suspected, ranging from avocados to leafy greens to macaroni.

Nationally and in Arizona, food freedom laws allow the deregulation of food safety programs such as the cottage food program, which allows people to prepare and sell food products made in a home kitchen.

State and county health departments conducted over 93,000 food-related inspections at restaurants, grocery stores, correctional food services facilities, commercial kitchens, food trucks, and other food establishments in 2023. Of these, 564 resulted in compliance proceedings.

Risk factors for foodborne illness

- Improper Holding Temperatures
- Inadequate Cooking
- Contaminated Equipment
- Food from Unsafe Sources
- Poor Personal Hygiene

WEBSITE
azhealth.gov/foodsafety

LEAD POISONING

Lead is a metal found naturally in the environment and has been used in many products, including paint and gasoline. People can become exposed to lead by swallowing or breathing in lead dust which causes lead poisoning. When lead gets into the body, it can be harmful and cause irreversible effects.

Lead poisoning happens when the body builds up too much lead over time. Young children are vulnerable to lead poisoning. Even low levels of lead in blood can lead to developmental delays, difficulty learning, and behavioral issues. Pregnant women can also pass lead to their unborn baby.

Some groups are at a higher risk for lead exposure, such as children living in older, low-income housing, and refugee children from countries with less strict lead protection rules. In 2022, most children with high blood lead levels in Arizona were AHCCCS beneficiaries, and nearly one in four were refugees.

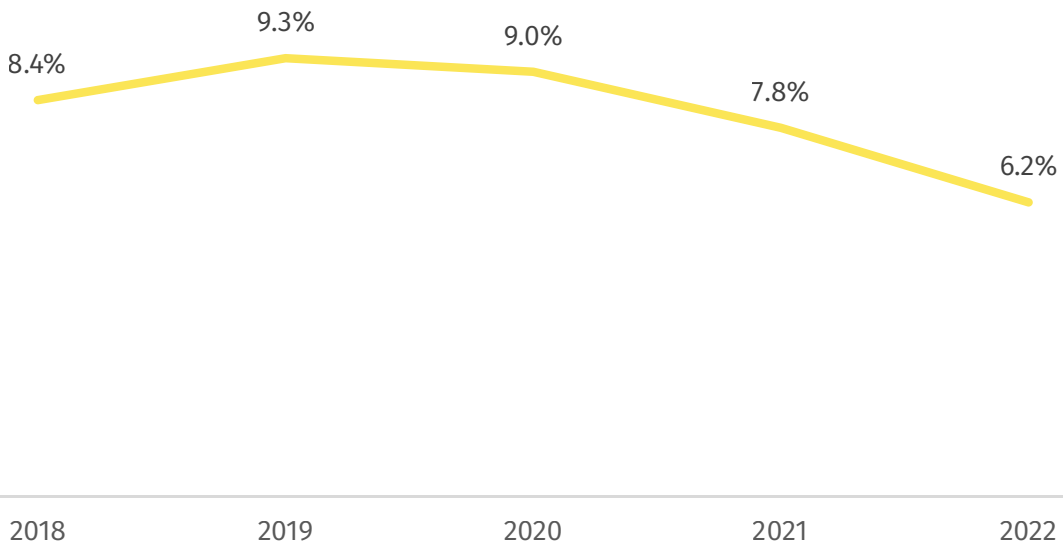
81.5%

A blood lead test is the only way to find out if a child has lead poisoning. In Arizona, most children with lead poisoning are likely not to be identified due to the low lead screening rate. Arizona has a 12 and 24 month screening rate of 6.2%, lower than the national average of 18%. The screen rate for children on AHCCCS is higher because providers are required to test all children on AHCCCS at 12- and 24-months old.

38.6%

Lead Screening in High-Risk Children

For children at higher risk levels of lead exposure, it is recommended for them to get blood lead tests at 12 and 24 months. After the COVID-19 pandemic, there has been a drop in the completion of both 12 and 24 months tests for those children.



Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

WEBSITE
azhealth.gov/lead

PFAS

Per- and polyfluoroalkyl substances (PFAS), also known as “forever chemicals,” are used in industry and consumer products. These substances are hard to break down and stay in the environment for a long time.

The health effects of PFAS are not fully understood, but some potential risks include increased cholesterol levels, a higher risk of kidney and testicular cancer, lowered immune response, and high blood pressure in pregnant women. Additionally, there may also be negative impacts on child growth, learning, and behavior. The risk of health effects associated with PFAS depends on various factors, including exposure factors (e.g., dose, frequency, route, and duration), individual sensitivity and disease burden, as well as other determinants of health such as access to safe water and quality healthcare.

PFAS in groundwater can impact private wells and public drinking water. In 2024, the US Environmental Protection Agency set enforceable contaminant levels for PFAS in public drinking water. As of April 10, 2024, the Arizona Department of Environmental Quality reports that most of Arizona’s public water systems have completed PFAS testing. About 10% of these systems found levels above acceptable limits. Many systems are taking steps to reduce customer exposure.

Private well owners are not required to monitor their well water quality. However, regular testing is important for identifying and addressing PFAS contamination. Regular testing can help ensure the safety of the water supply and the health of those consuming it.

WEBSITE
azdhs.gov/PFAS

azdhs.gov/wellwater/PFAS

RADON

Radon is a natural radioactive gas with no smell or color. It comes from soil and rock that have the elements radium and uranium in them. These elements can be anywhere in the ground, so there's always some radon in the air. Due to the geologic makeup of Arizona, radium and uranium are very common in the rock and soil throughout the state.

Being exposed to high levels of radon over time can increase a person's risk of lung cancer. In Arizona, lung cancer is the second most common cancer diagnosis, and is the first leading cause of cancer death. Radon-associated lung cancer can be prevented by limiting exposure to radon in indoor air.

Home radon testing is a critical strategy to prevent lung cancer. However, less than 1% of the 3,000,000 homes in Arizona have been tested for radon, suggesting that most Arizonans are unaware of radon and its adverse health impacts. Between 2010 and 2022, over a thousand homes in Arizona were tested for radon. Almost one in five had a result above the federal action level. Most of the tests conducted were in Maricopa County, where 19% of radon tests had a result above the US Environmental Protection Agency's federal action level.

Because Arizona has low levels of radon testing, ADHS offers free indoor radon test kits and information about certified radon contractors who can almost completely eliminate household radon exposure. As more homes are tested for radon, Arizona will have a better understanding of the overall risk of radon exposure in the state. With this information, ADHS will conduct more outreach in communities with low testing rates or elevated radon levels.

WEBSITE
http://azhealth.gov/radon

SANITATION & WATER

State and local health departments routinely inspect bottled water facilities, swimming pools, and spas to evaluate sanitation practices and compliance with regulations associated with the prevention of waterborne illness. Routine inspections also evaluate the sanitation, water supply, and sewage disposal at trailer parks, hotels and motels, public schools, children's camps, and campgrounds.

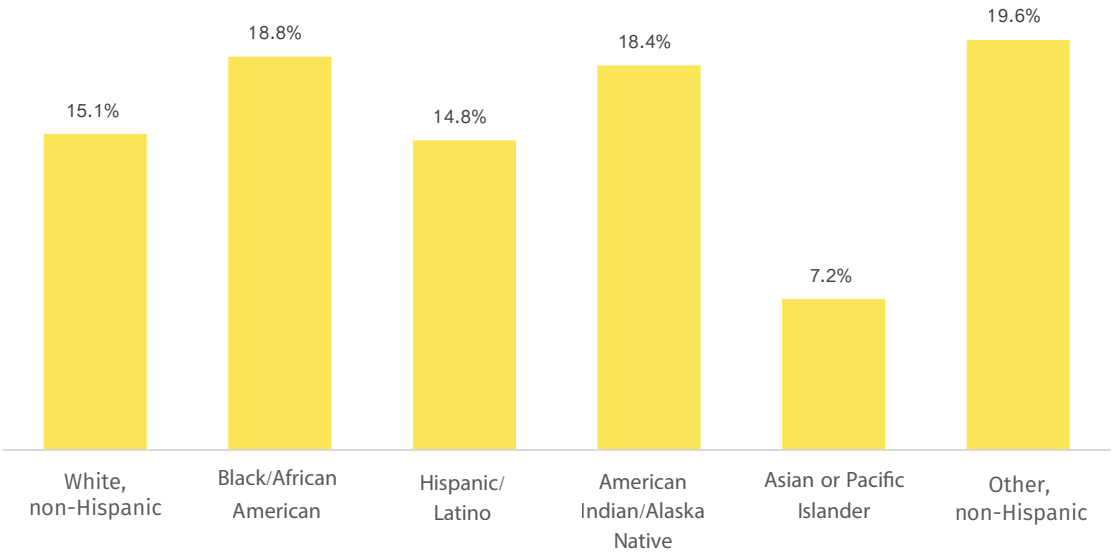
MENTAL HEALTH

Mental health and physical health reflect each other. Just as depression can increase the risk of chronic health conditions, having a chronic health condition can increase the risk of mental illness.

In Arizona, fewer adults have depression than the national average. However, our death by suicide rate is 50% higher than the national rate. Hospitalization for childhood trauma rose by 20% from 2020 to 2023.

Adults Reporting Frequent Mental Health Distress, by Race/Ethnicity

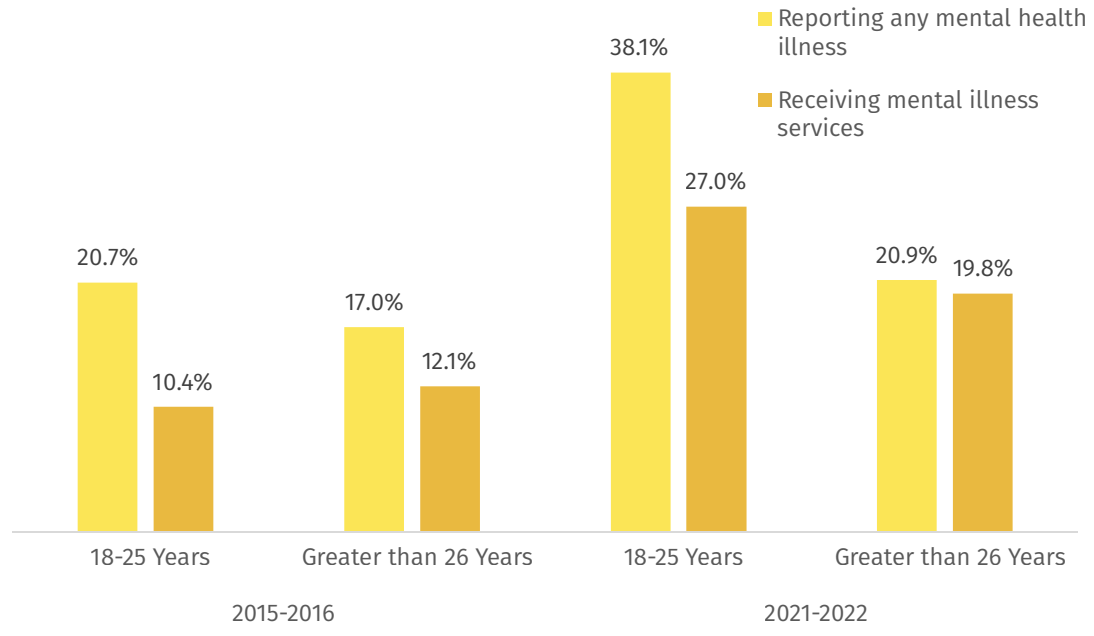
In 2021, Blacks, American Indian/Alaska Native, and Other, non-Hispanic individuals reported more often having frequent mental health distress.



Source: Behavioral Risk Factor Surveillance System

Adults Reporting Mental Health Illness and Receiving Services

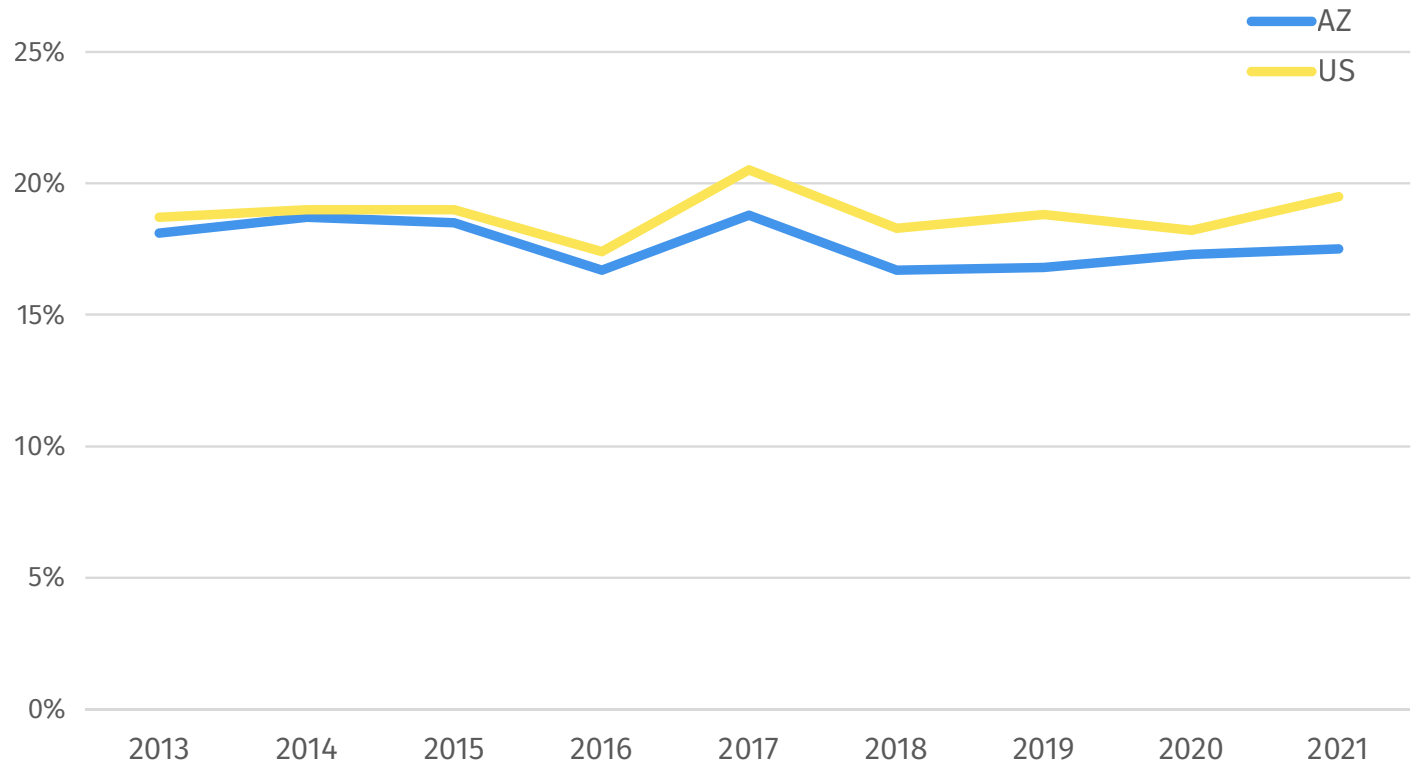
There was a noted increase in those reporting any mental health illness from 2015-2016 to 2021-2022 but also an increase in those receiving mental illness services.



Source: National Survey on Drug Use and Health

Adults Reporting Depression

In 2021, 17.5% of Arizona adults and 19.5% in the US reported having been told that they had a form depression.



Source: Behavioral Risk Factor Surveillance System

There are signs that young adults in Arizona are in a mental health crisis. Adults aged 18 to 25 have increasingly been hospitalized for suicidal ideation and attempts. Over the last five years, young adults have reported more mental health conditions and received more mental health services.

INJURY & VIOLENCE

UNINTENTIONAL INJURY

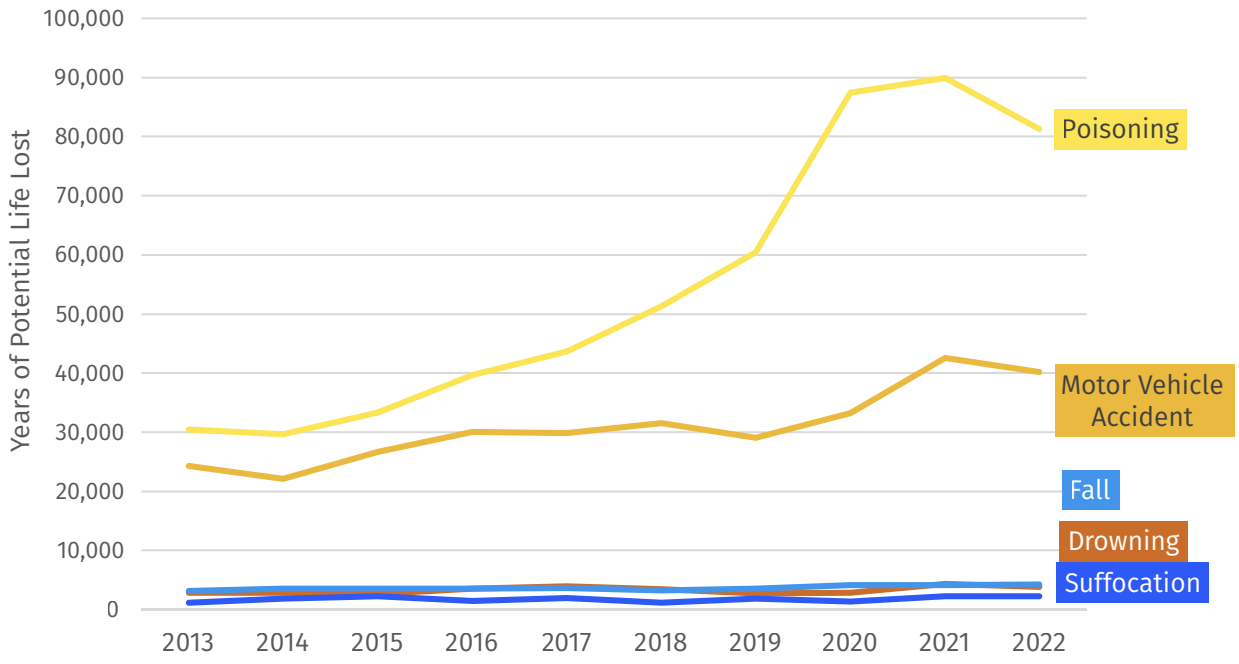
Each year, lives across Arizona are cut short by injuries such as falls, motor vehicle crashes, and drowning. The total years of potential life lost by unintentional injuries in Arizona in 2022 add up to nearly 1,800 lifespans.

MORTALITY RATE FOR LEADING CAUSES OF DEATH AMONG ARIZONANS 20-44 YEARS OLD		
	2013	2022
Unintentional Injury	41.0	88.6
Suicide	20.5	26.0
Cancer	15.3	14.7
Homicide	9.9	15.0
Heart Disease	10.0	11.0

Source: ADHS Health Status and Vital Statistics (rate per 100,000 persons 20-44 years old)

Years of Potential Life Lost Among Unintentional Injuries, by Injury Type

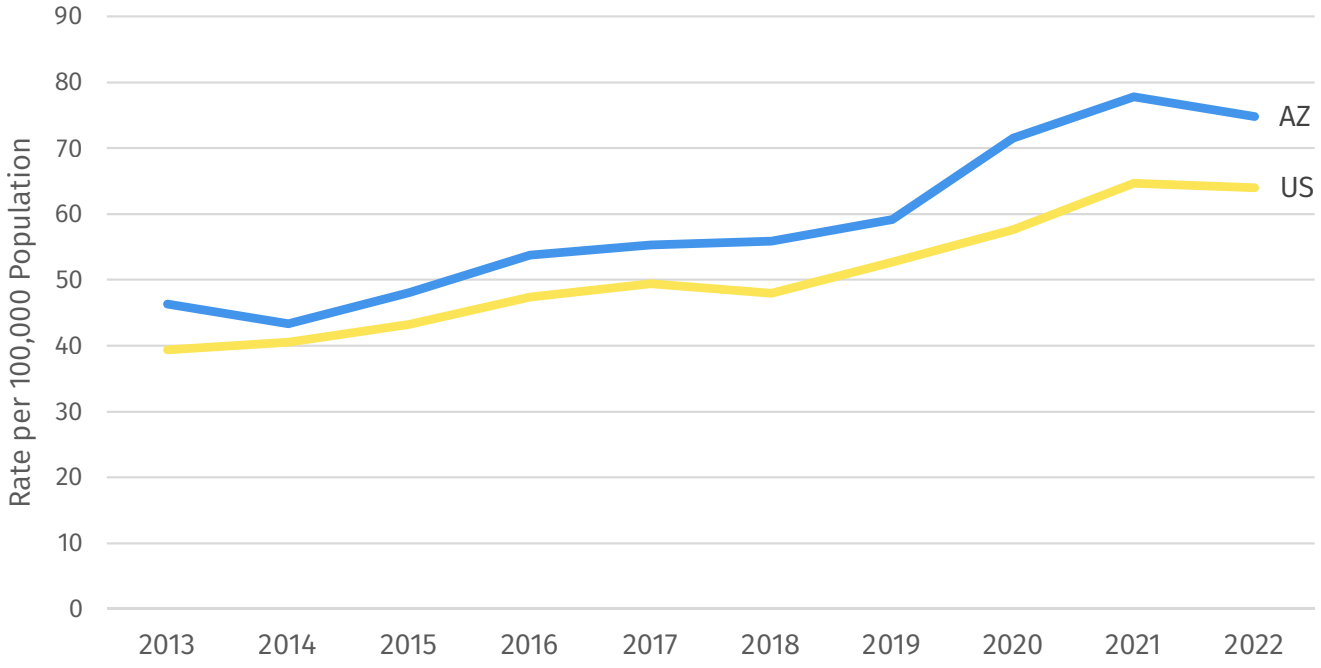
When using an impact-based measure like years of potential life lost, the influence of poisonings and motor vehicle accidents is clear with the majority of impact happening in those under 40 years of age.



Source: ADHS Health Status and Vital Statistics

Unintentional Injury Mortality Rate

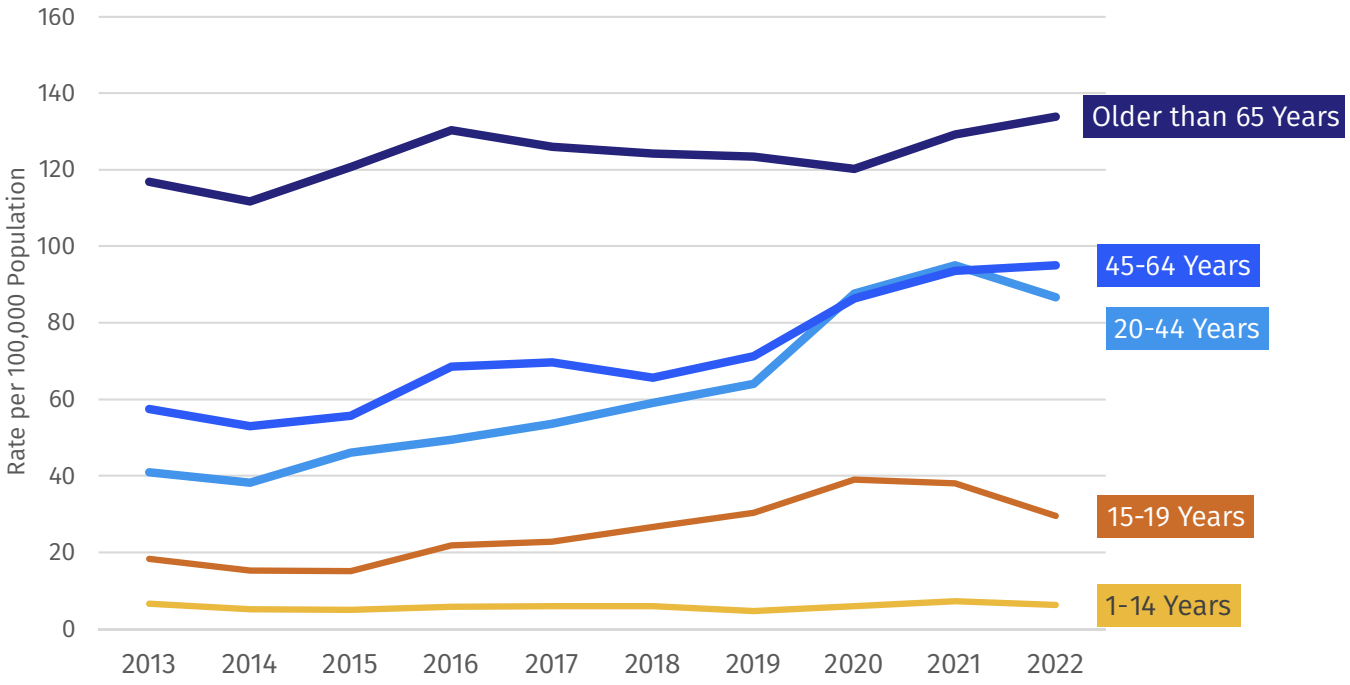
The rate of mortality for unintentional injury has been on the rise both in Arizona and the US for the last decade.



Source: ADHS Health Status and Vital Statistics
CDC National Center for Health Statistics

Unintentional Injury Mortality Rate, by Age Group

The mortality rate of unintentional injuries varies across age groups and since 2019 both 20-44 year old and 45-64 years old age groups have seen an increase in that mortality rate.

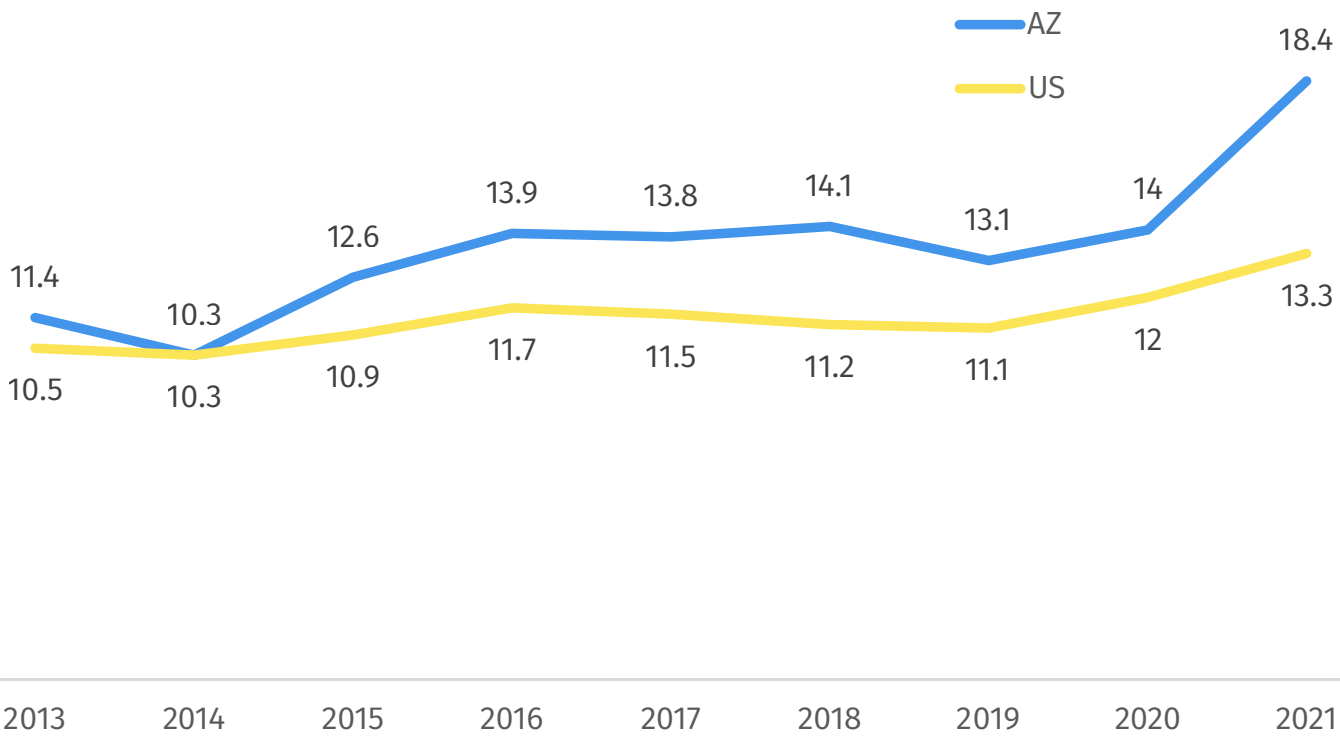


Source: ADHS Health Status and Vital Statistics

People die from accidents in Arizona at a higher rate than most other states. Today, unintentional injury ranks as our fourth leading cause of death. In 2022, most unintentional deaths were due to firearms or motor vehicle crashes.

Motor Vehicle Mortality Rate

The mortality rate due to motor vehicle crashes has continued to be higher in Arizona compared to the US as a whole. Both have seen increases in this mortality rate since 2019.



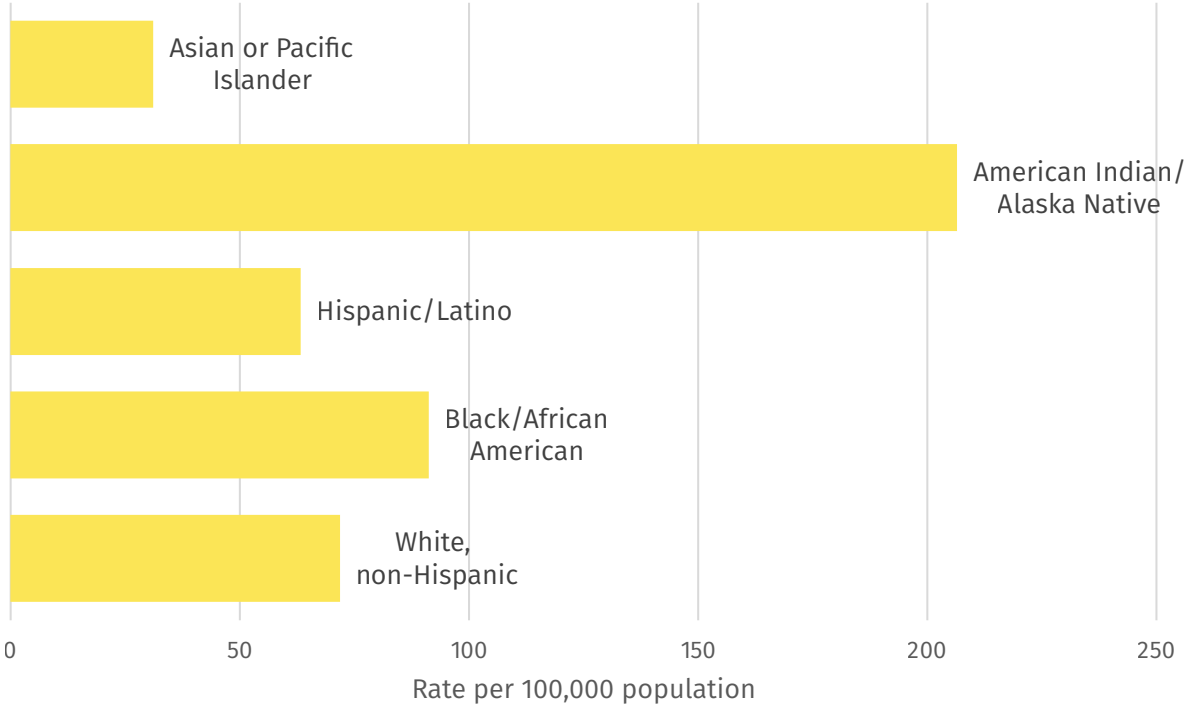
Source: ADHS Health Status and Vital Statistics
CDC National Center for Health Statistics

In 2020, the combined medical and value of statistical life cost for unrestrained motor vehicle occupant fatalities was $701,890,000.

These injuries do not impact all Arizonans equally. Unintentional injuries kill Native Americans and adults over 85 more than twice the rate of other groups. Black and Native American Arizonans likewise experience hospitalizations by death and firearms at higher rates than other groups.

Unintentional Injury Mortality Rate, by Race/Ethnicity

In 2022, the rate of unintentional injury mortality continued to see disparities by racial and ethnic groups with the American Indian/Alaska Native population seeing the largest rate at 206.5 per 100,000 population.



Source: ADHS Health Status and Vital Statistics

In 2022, Arizona had a total of 126 fatalities due to drowning. Among children one to four years old, drowning was the leading cause of death with a mortality rate of 6.4 per 100,000 population.

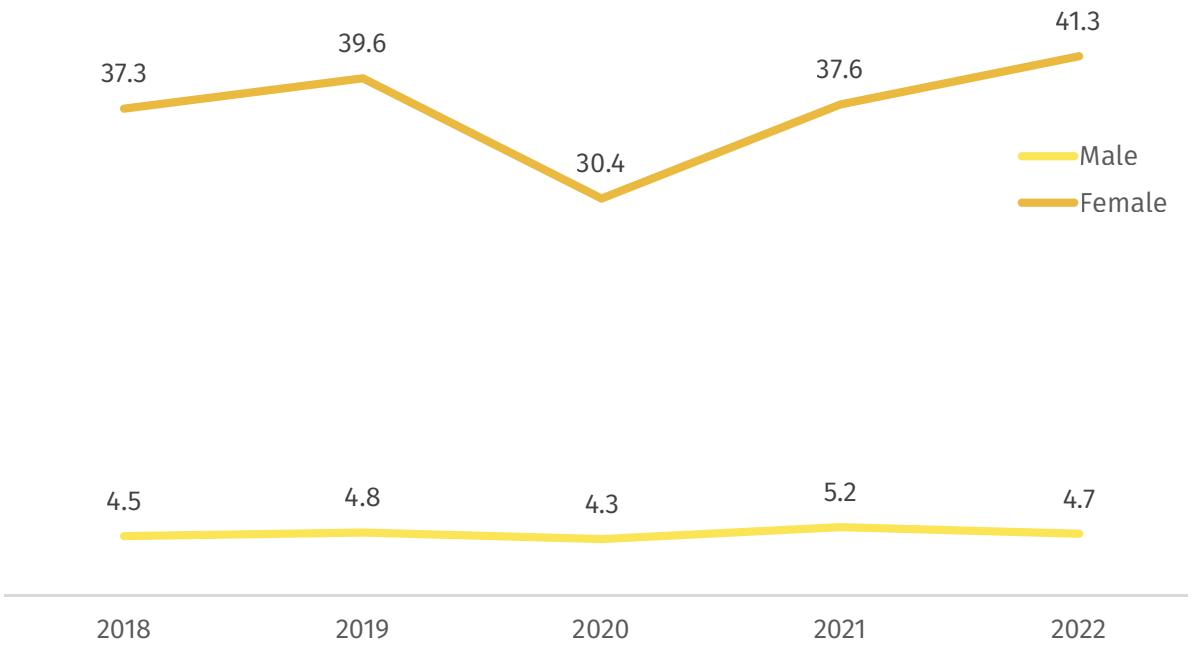
WEBSITE
azhealth.gov/injury-prevention

RESOURCES

- The Tribal Injury Prevention Resource Center (thetiprc.com) promotes motor vehicle safety for Native American communities.
- Safe Kids Arizona (safekids.org) helps parents and caregivers prevent childhood injuries.
- The Drowning Prevention Coalition of Arizona (preventdrownings.org) works to prevent fatal and non-fatal drownings.

Sexual Violence-Related Hospitalizations, by Sex

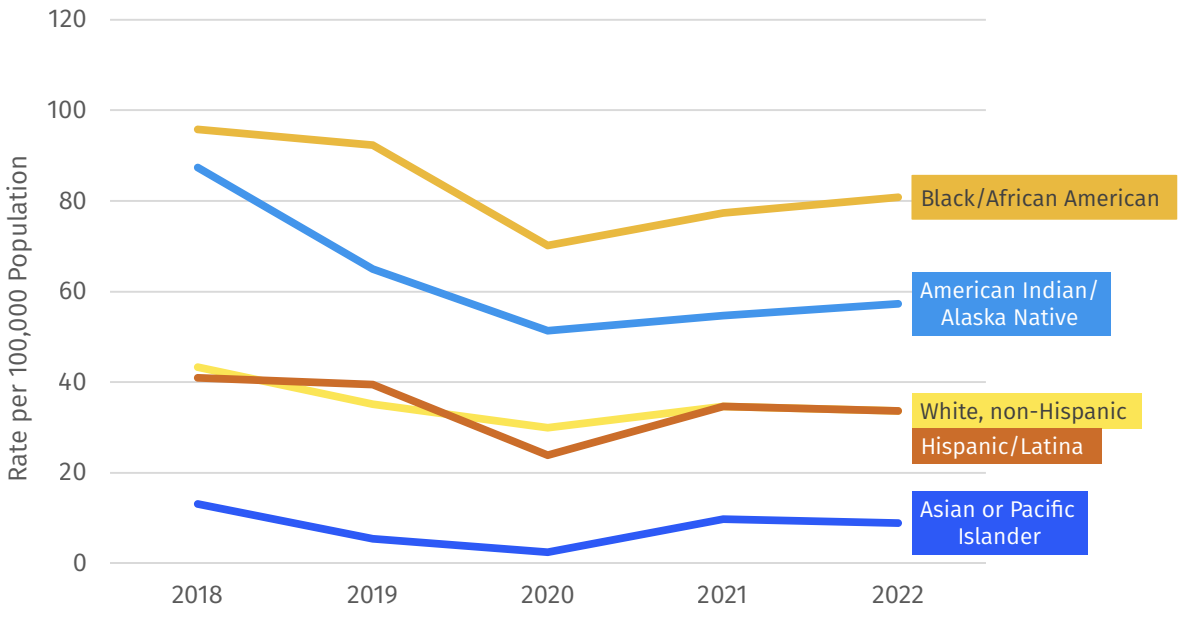
The rate of females with sexual violence related injuries requiring hospitalization (inpatient and emergency department visits) have been consistently higher than males.



Source: ADHS Hospital Discharge Data (rate per 100,000 hospitalizations)

Sexual Violence-Related Hospitalizations in Females, by Race/Ethnicity

Rates of sexual violence hospitalizations in females across all racial and ethnic groups saw a decrease in 2020 and have stayed below levels seen in 2018.



Source: ADHS Hospital Discharge Data

Injuries from sexual violence make up about one percent of all injuries in Arizona. However, this number does not reflect the full extent of these injuries. Sexual violence is one of the most underreported crimes, and not all injury from sexual violence results in hospitalization. Mistrust of law enforcement and service providers can also impact reporting among marginalized communities including immigrants, Native Americans, LGBTQIA+, and people with disabilities.

Sexual violence describes a range of "sexually violent behaviors" including sexual assault, abuse, and any sexual activity without consent. From 2019 to 2022, most hospitalizations for sexual violence affected women. Black and Native American women were hospitalized at higher rates than other groups.

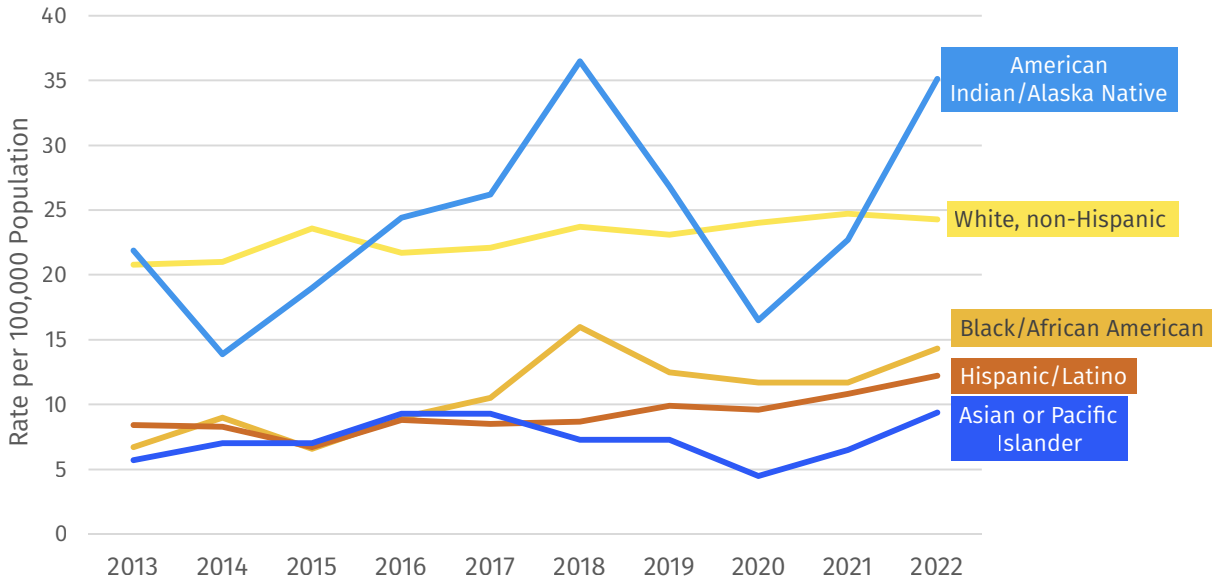
89%

RESOURCES

- The Arizona Coalition to End Sexual and Domestic Violence (acesdv.org) supports survivors, advocates for policy change, and trains service providers.
- The Southern Arizona Center Against Sexual Assault (sacasa.org) provides crisis intervention, advocacy, and support services to survivors and loved ones.
- The Arizona Coalition for Victim Services (azcvs.net) provides support and resources to service providers.

Suicide Mortality Rate, by Race/Ethnicity

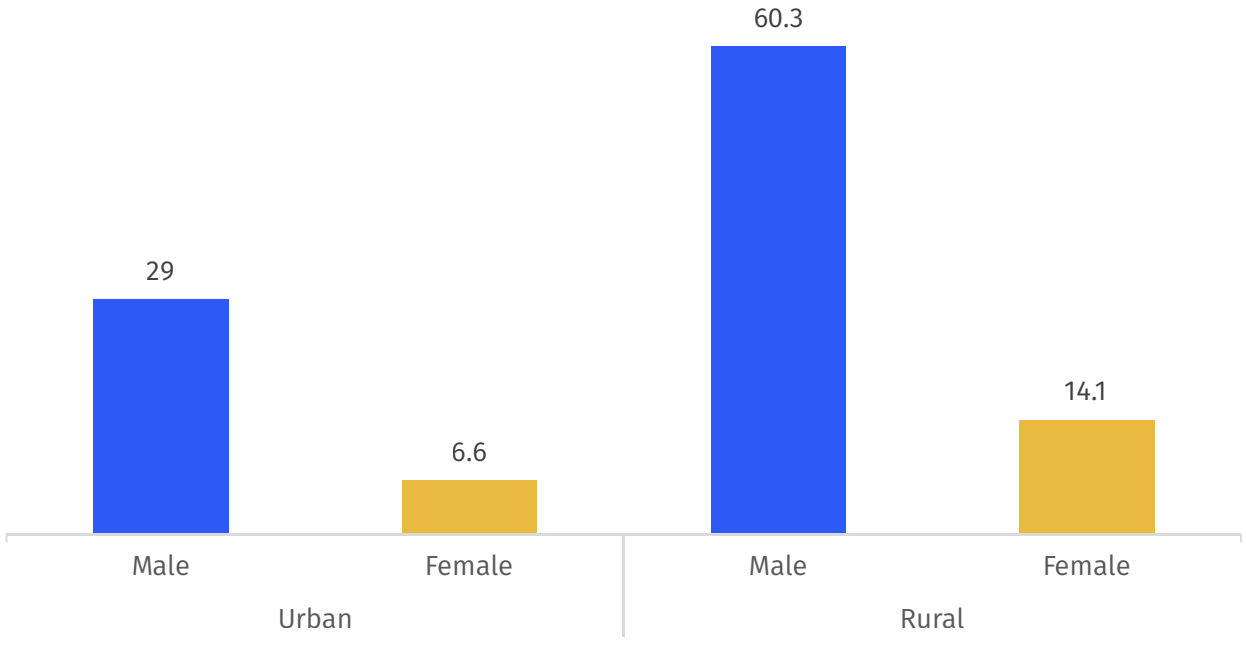
Over the past 10 years, the mortality rate for suicide has seen a general increase across all racial and ethnic groups, but the highest levels continue to be with American Indian/Alaska Native and White non-Hispanic populations.



Source: ADHS Health Status and Vital Statistics

Suicide Mortality Rate, by Urban/Rural and Sex

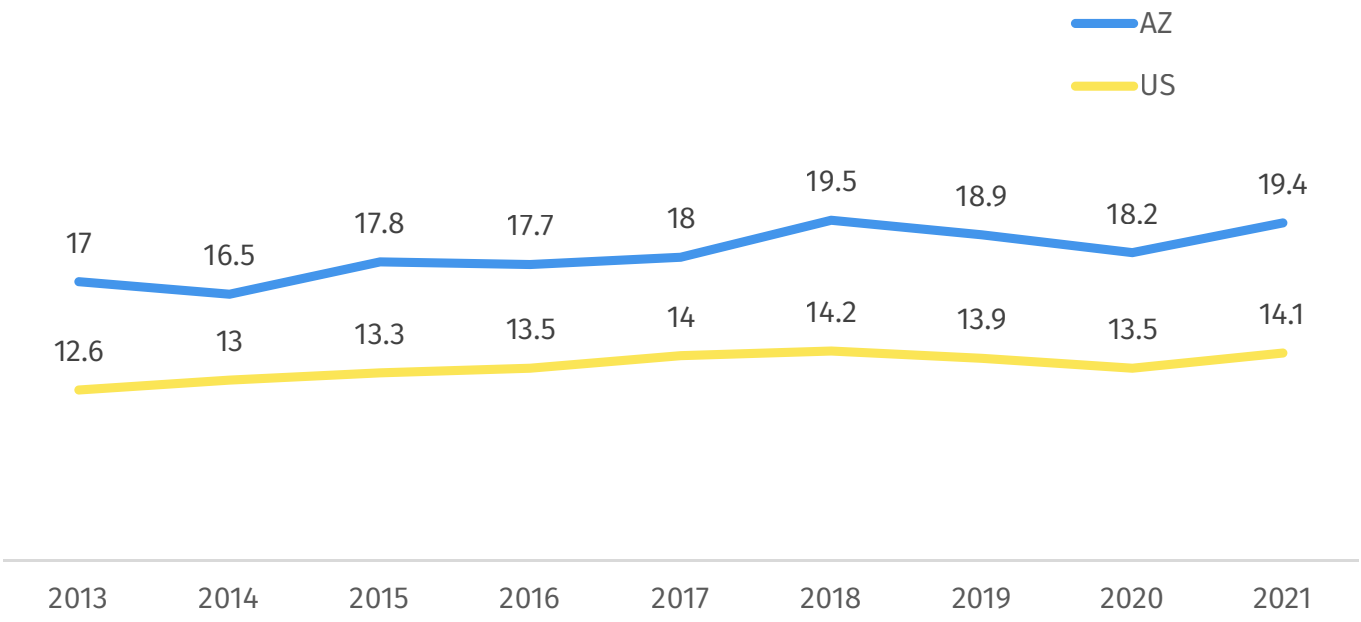
In 2022, the age-adjusted mortality rate for suicides was higher for men both in rural and urban counties but men in rural had two times the mortality.



Source: ADHS Health Status and Vital Statistics (age-adjusted rate per 100,000 population)

Suicide Mortality Rate

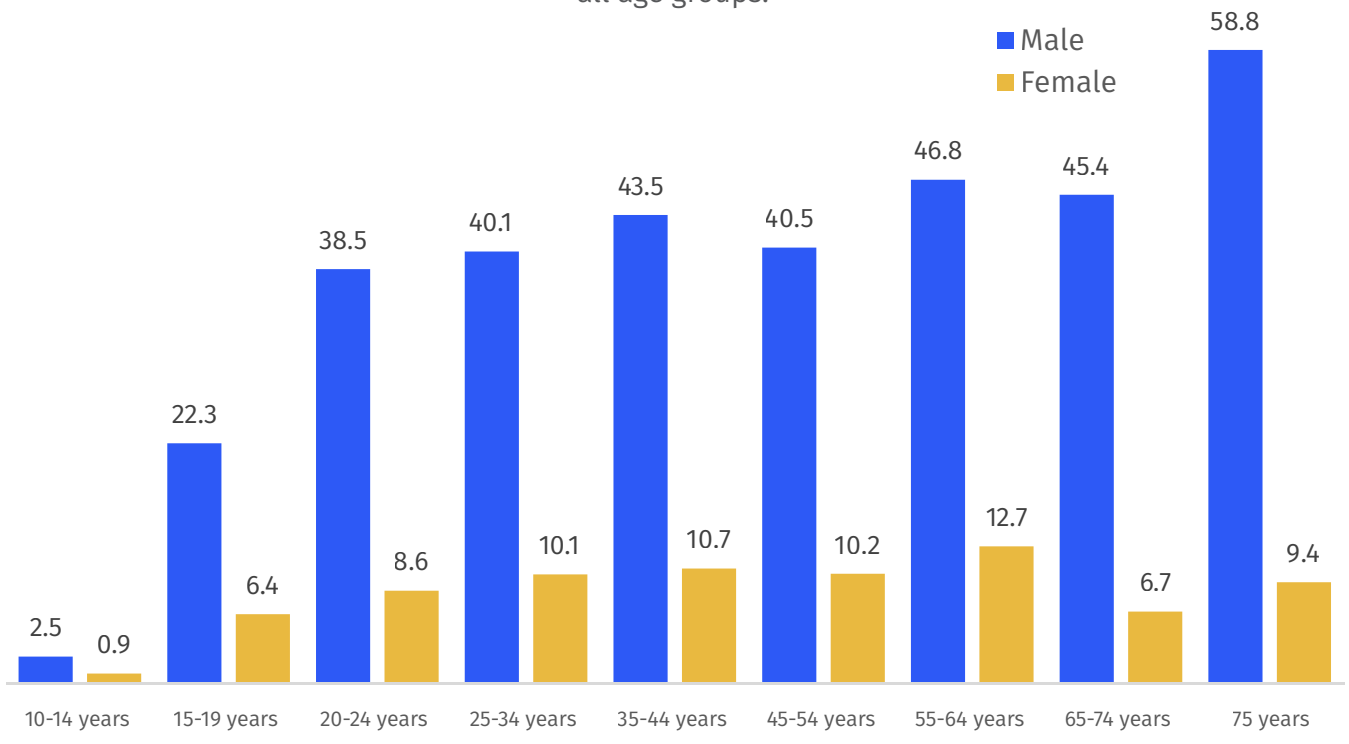
Arizona has consistently seen a higher age-adjusted suicide mortality rate compared to the US overall and has seen a slight increase over the last five years.



Source: ADHS Health Status and Vital Statistics;
CDC National Center for Health Statistics (age-adjusted rate per 100,000 population)

Suicide Mortality Rate, by Age Group and Sex

In 2022, the crude rate of suicide mortality is significantly higher in males compared to females across all age groups.



Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

In Arizona, suicide rates have been rising. In 2021, suicide was our tenth leading cause of death. From 2022 to 2023, the adolescent suicide rate dropped. However, at the same time, suicide increased significantly among adults over 85. Today, about one million Arizonans have direct experience with suicide. Direct experience means you or a loved one has experienced suicidal ideation, made an attempt, or died by suicide.

Eight out of 10 deaths by suicide in Arizona are men. Seven out of 10 of them are White, non-Hispanic, but the rate of suicide is highest among Native Americans. Suicide rates in rural areas are more than double the rates in urban parts of Arizona. Veterans in Arizona die by suicide at a rate almost three times that of civilians.

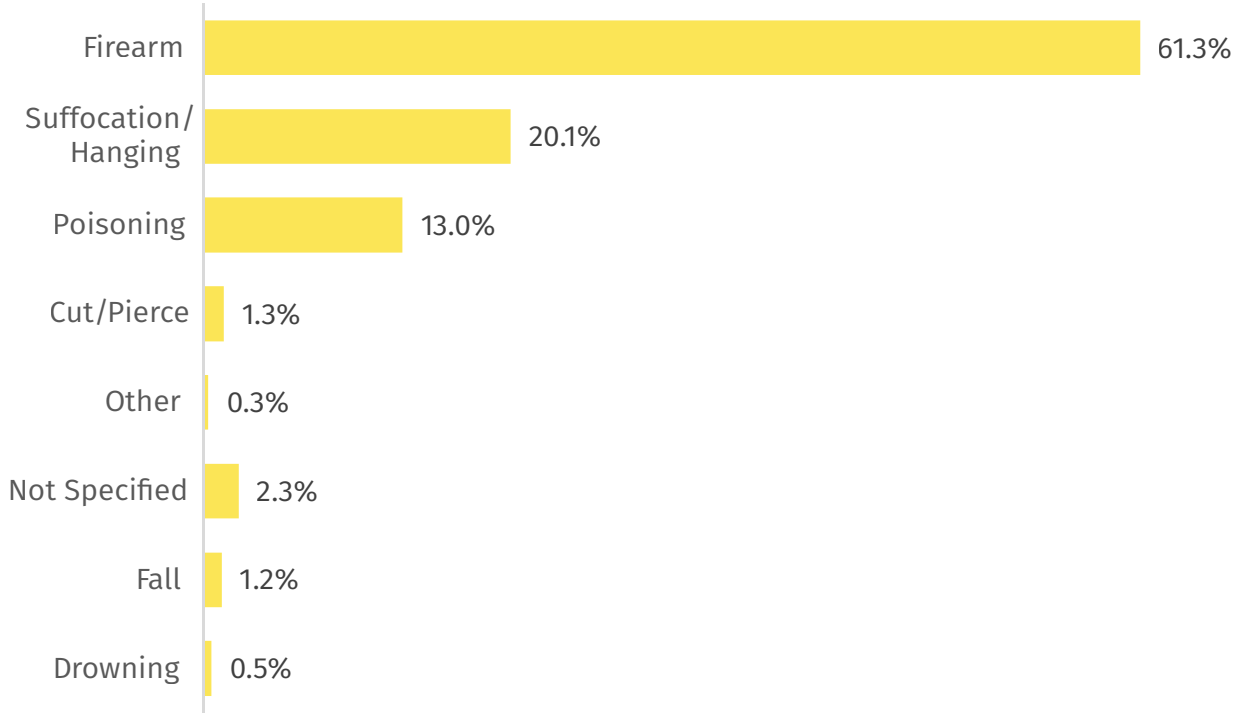
Since 2013, the mechanism for deaths by suicide have not changed. Firearms are the leading cause, followed by suffocation/hanging and poisoning. Deaths by suicide, with firearms as the mechanism of death, surpassed 60% for the first time in 2020 and rose to 61.3% in 2022. Firearm ownership, which is associated with higher suicide risk, has increased since the pandemic, which may lead to more suicide deaths.

"It's hard to find people who like you for you."

Community member with disabilities

Suicide Mortality, by Mechanism

In 2022, there were 1,594 suicide deaths in Arizona. When looking at mechanism, firearms are the largest percentage at 61.3% followed by suffocation and hanging at 20.1%.



Source: ADHS Health Status and Vital Statistics

WEBSITE
azhealth.gov/suicide

RESOURCES

- Arizona's 988 Suicide and Crisis Lifeline (azhealth.gov/988) is a three-digit phone number to access free, confidential support by voice, text, or chat — with special services for veterans, Spanish language, and LGBTQIA+ callers.

- The Teen Lifeline (1-602-248-TEEN, Maricopa County; 1-800-248-TEEN, outside Maricopa County) provides a safe place for teens in crisis to connect with someone they can relate to.

- The National Call Center for Homeless Veterans (877-424-3838) connects veterans and loved ones calling on behalf of veterans with trained counselors.

- Be Connected AZ (beconnectedaz.org, 866-429-8387) connects Arizona service members, veterans, families and helpers to information, support and resources.

- The Arizona State Crisis Hotline offers free, immediate, and confidential mental health support by phone (1-844-534-HOPE), text (4HOPE), and chat (crisis.solari-inc.org).

INFECTIOUS DISEASE

The threat of communicable diseases increases with global travel, population density, contact with farm animals and wildlife, severe environmental changes, and inequitable access to healthcare and preventive medicine.

HEALTHCARE-ASSOCIATED INFECTIONS

Healthcare-associated infections (HAIs) are infections acquired by patients while receiving treatment for other conditions in a healthcare setting. HAIs can be related to medical procedures or medical devices, resulting in infections such as central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), and ventilator-associated pneumonia (VAP). In 2022, Arizona hospitals reported less of these types of infections compared to the rest of the US.

Infections caused by multidrug-resistant organisms (MDROs) while in a healthcare setting are also considered HAIs. These infections are difficult to treat because the germs causing the infection have developed the ability to survive against medications. In Arizona, MDROs of focus include infections caused by *Candida auris*, carbapenem-resistant Enterobacterales, carbapenem-resistant *Acinetobacter baumannii*, and carbapenem-resistant *Pseudomonas aeruginosa*. Arizona has seen a steady rise in infections caused by these types of organisms during the past few years. Public health officials work closely with each healthcare facility and provide recommendations to prevent the spread of disease in accordance with the Centers for Disease Control and Prevention's containment and prevention strategies.

WEBSITE
http://azhealth.gov/hai

RESOURCES

- Arizona Healthcare Associated Infection Advisory Committee (https://www.azhealth.gov/hai-committee) makes recommendations to prevent healthcare-associated infections.
- Antimicrobial Resistance and Patient Safety Portal (https://arpsp.cdc.gov) provides state specific and national data on antimicrobial resistance and patient safety.

HEPATITIS C

Hepatitis C is a liver infection caused by the hepatitis C virus. Hepatitis C is spread through blood to blood contact. Rates of hepatitis C have decreased in 2022 nationally and in Arizona, with Arizona's rates consistently higher than the national rate. Today, most people become infected with the hepatitis C virus by sharing needles or other equipment used to prepare and inject drugs due to limited access to sterile injection equipment.

"Having a support system takes away some of the aches and pains."

Veteran community member

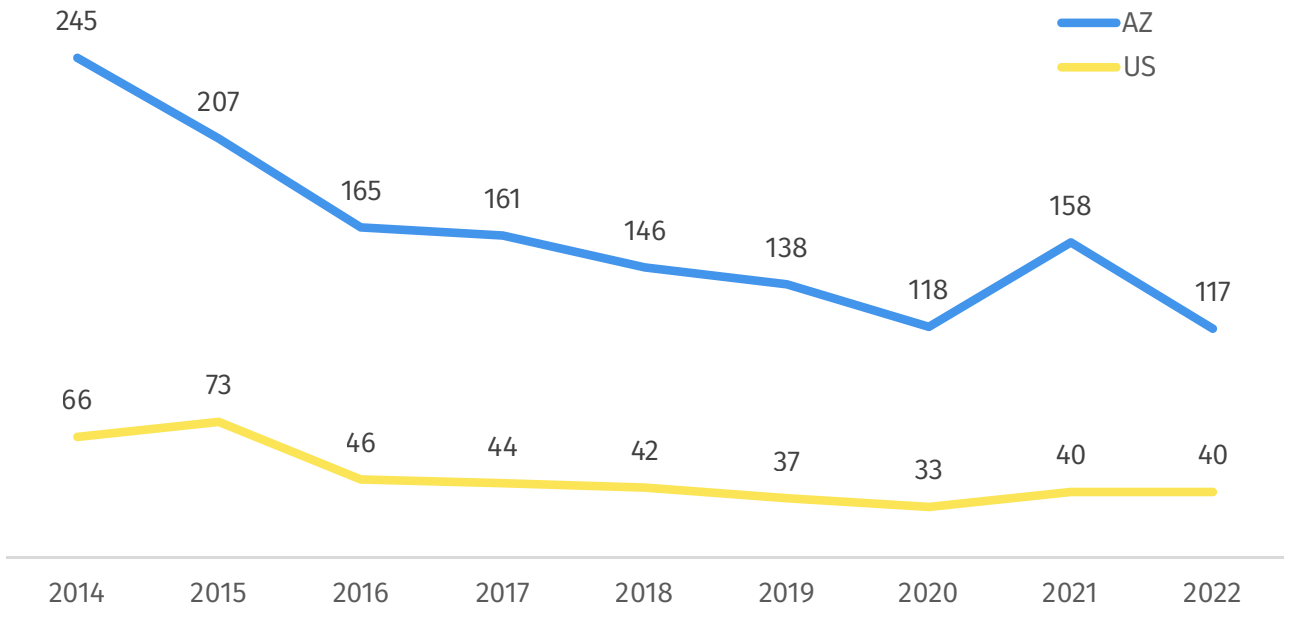
Nationally, certain groups are more impacted by hepatitis C, including Native Americans, Black communities, and people who inject drugs.

From 2018 to 2022, around 10,000 Arizonans tested positive for hepatitis C each year — more than three times higher than national estimates. People born after 1978 also show higher rates of infection, which may be linked to increasing injection drug use due to limited access to sterile injection equipment. Case investigations in Arizona found that around one in three people who had recent contact with someone living with hepatitis C report having consumed substances together.

↘27%

Hepatitis C Rate

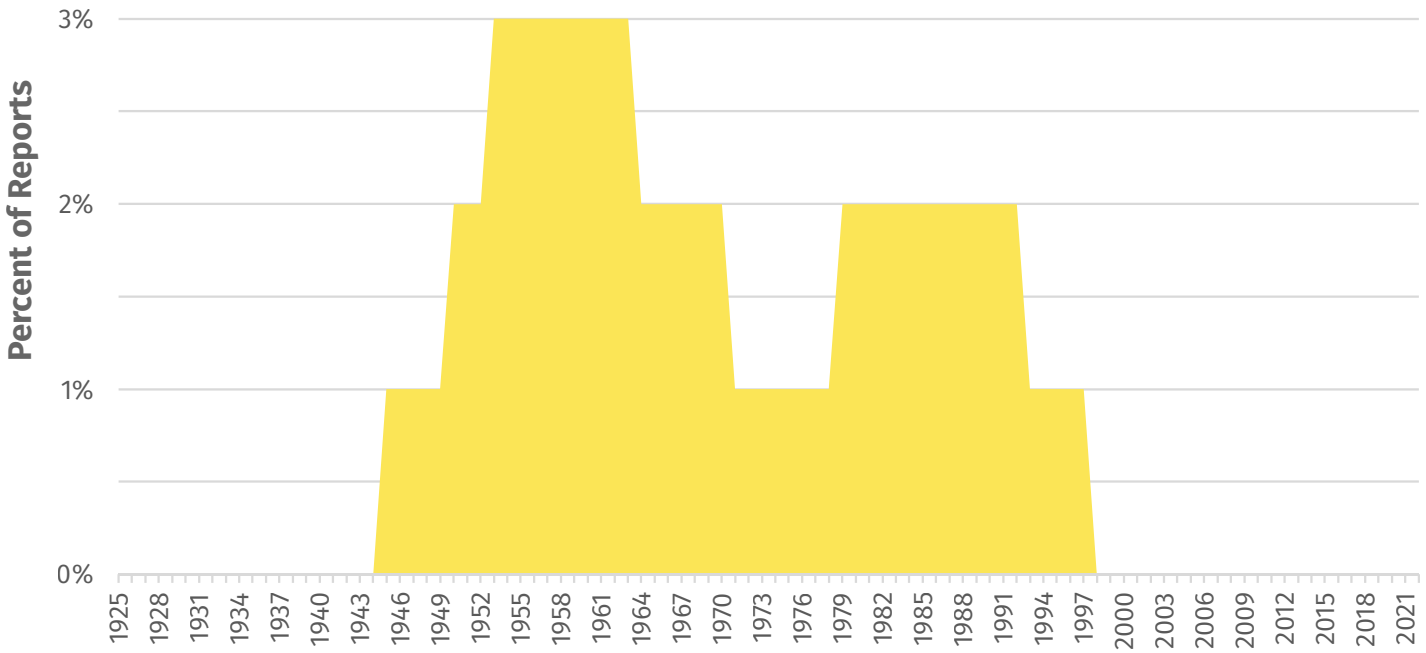
While the rates of hepatitis C has seen a continuous decline both in Arizona and the US, Arizona continues to see a higher rate overall.



Source: ADHS Hepatitis C Surveillance; CDC Hepatitis C Surveillance

Hepatitis C Cases, by Year of Birth

The year of birth for hepatitis C cases in Arizona shows two generational peaks, the first with those born 1945 to 1970 and the second from 1979 to 1997.



Source: ADHS Hepatitis C Surveillance

RESOURCES

- Hep Free AZ (hivaz.org/hep-free-az) is a grassroots volunteer coalition that fights to eliminate hepatitis C in Arizona.

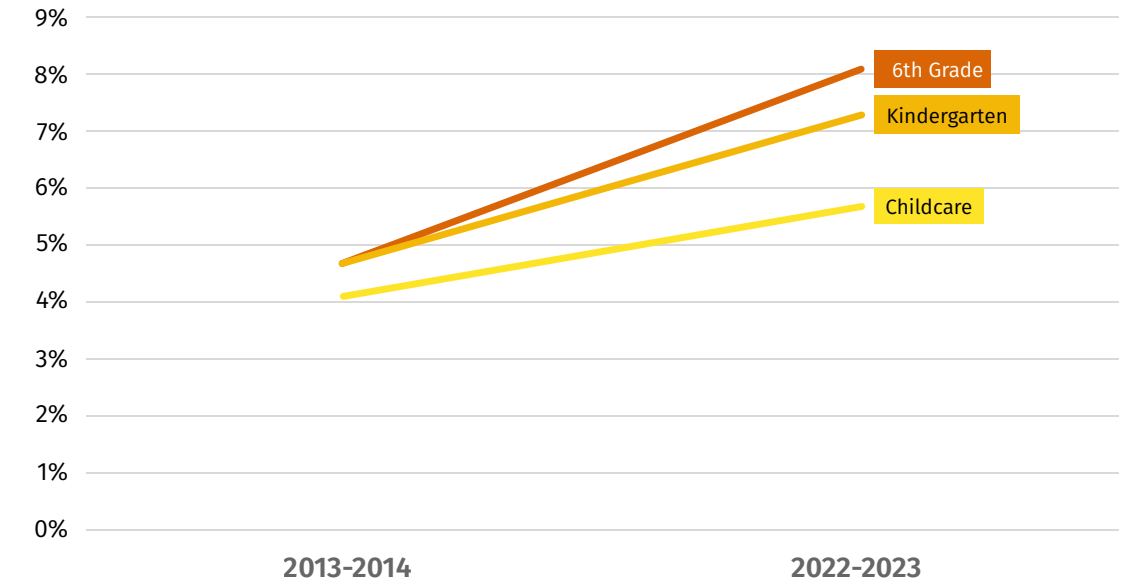
IMMUNIZATIONS

Every year, over 76,000 children are born in Arizona. All must be immunized against childhood diseases to protect their health and future. The federally funded program Vaccines for Children (VFC) provides vaccines at no cost to children who might not otherwise be vaccinated due to the cost of vaccines.

In Arizona, our decreasing childhood and adolescent vaccination rates and increasing rates of non-medical exemptions can lead to the resurgence of diseases that were once under control, putting vulnerable people at risk. Immunization rates (DTap, Polio, MMR, Hep B, and Varicella) have all decreased for children in childcare and kindergarten between 2013 to 2022. For 6th graders, all immunization rates (Tdap, MCV, MMR, HepB, and Varicella) have also decreased in the same time period.

Non-Medical Exemption Rates for Childhood Immunizations, by School Grade

Over the last 10 years, there has been a consistent rise in non-medical exemptions for all three school grade groups that are collected.



Source: Arizona Immunization Coverage Status Report

Although many Arizona adults have healthcare insurance or healthcare coverage, there is no comprehensive federal program to finance immunization services for those who are uninsured or underinsured. The Vaccines for Adults (VFA) Program provides vaccines at no cost to these adults in Arizona.

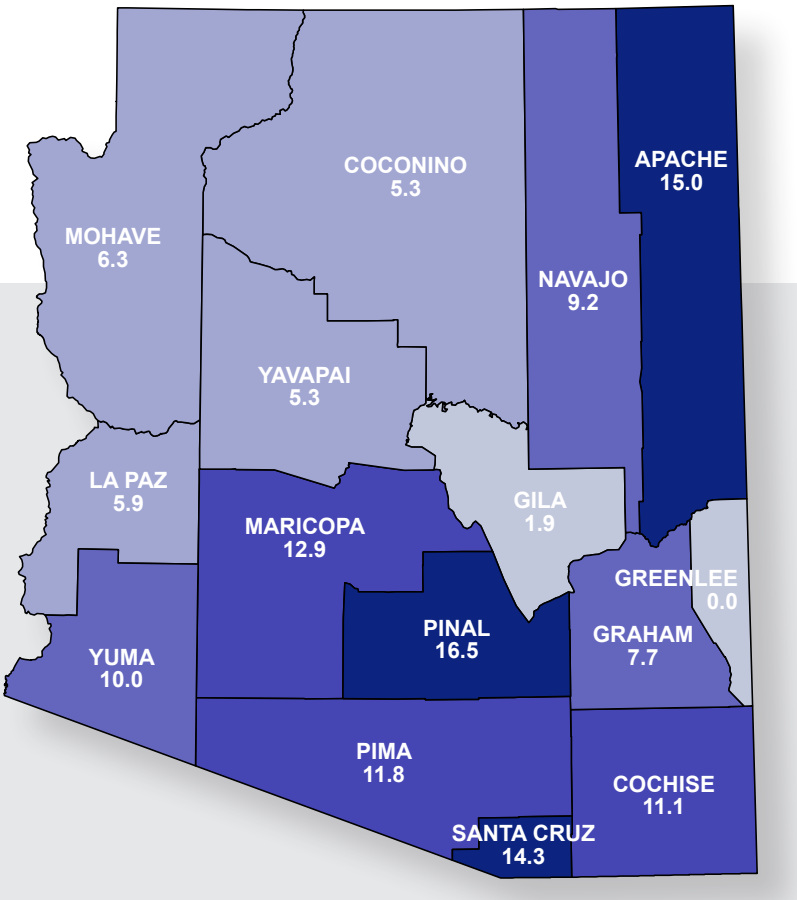
Different groups may be more affected by certain diseases. For example, the 2022-23 Mpox outbreak in Arizona disproportionately affected Black and Hispanic men who had sex with men. As a result, vaccination strategies targeted those groups.

WEBSITE
azhealth.gov/immunization

RESOURCES

- The Arizona Partnership for Immunization (whyimmunize.org) seeks to improve childhood immunization coverage rates.

2022 HIV Incidence Rate, by County



Source: ADHS Enhanced HIV/AIDS Reporting System (rate per 100,000 population)

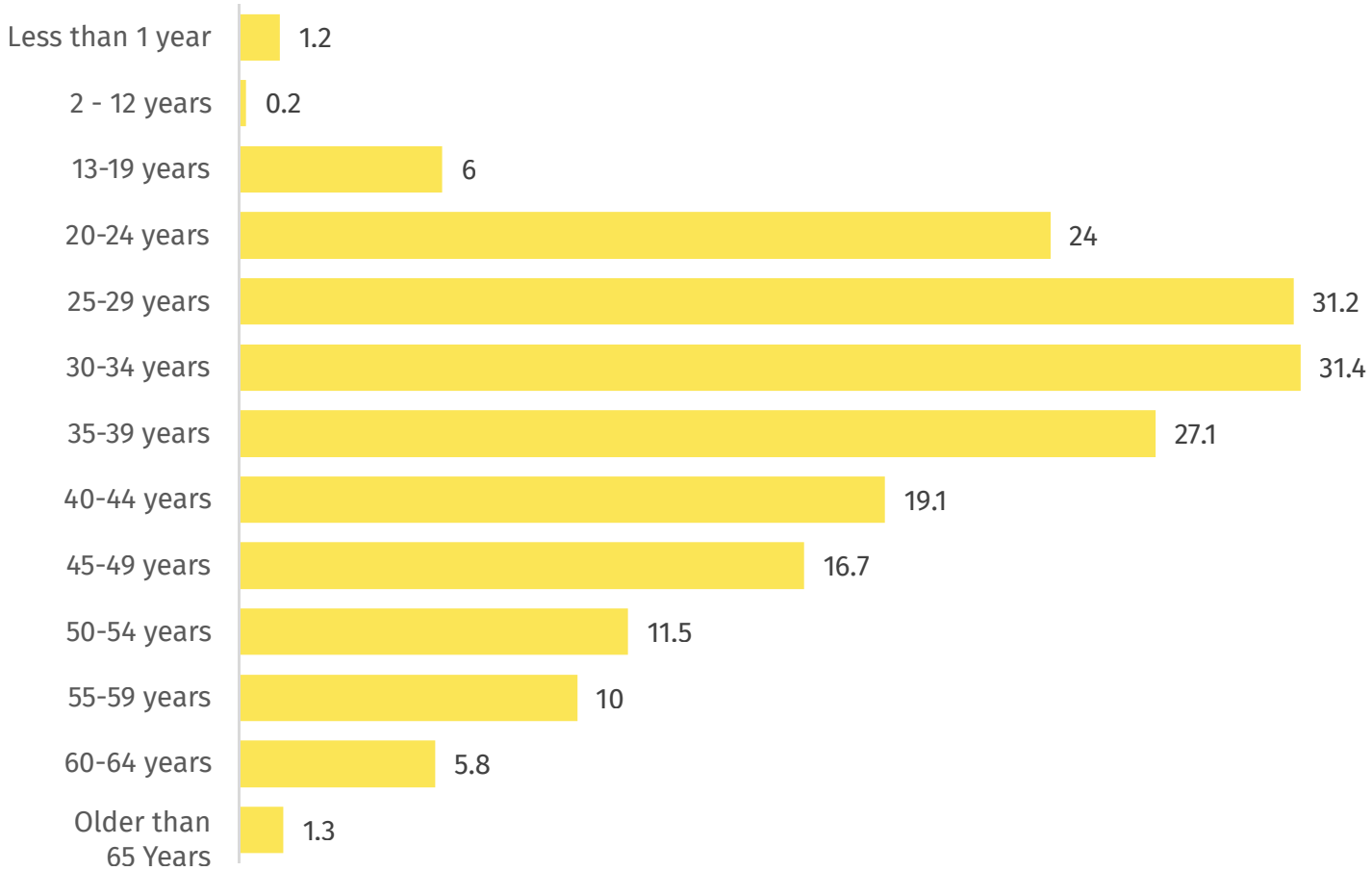
HIV is a virus that attacks the cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex or through sharing injection drug equipment. If left untreated, HIV can lead to Acquired Immunodeficiency Syndrome (AIDS). No effective HIV cure exists, however effective treatment with HIV medicine (called antiretroviral therapy or ART) is available.

If taken as prescribed, HIV medicine can reduce the amount of HIV in the blood (also called the viral load) to a very low level. If a person's viral load is so low that a standard lab can't detect it, this is called having an undetectable viral load. People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load can live long and healthy lives and will not transmit HIV to their HIV-negative partners through sex.

HIV/AIDS incidence differs based on factors such as geographic location, sex, age, race and ethnicity, and reported risk behavior. Individuals newly diagnosed with HIV/AIDS are more likely to be male and identify as Hispanic. Two thirds of people living with HIV/AIDS reside in Maricopa County. Pinal County had the highest incidence rate and 70% of those cases were people who are incarcerated. The incidence rate was highest among people 25 to 34. More than half of the cases affected men who have sex with men.

HIV Incidence Rate, by Age Group

In 2022, Arizona had HIV incidence in all age groups with the largest proportion in those aged 25-29 years and 30-34 years.

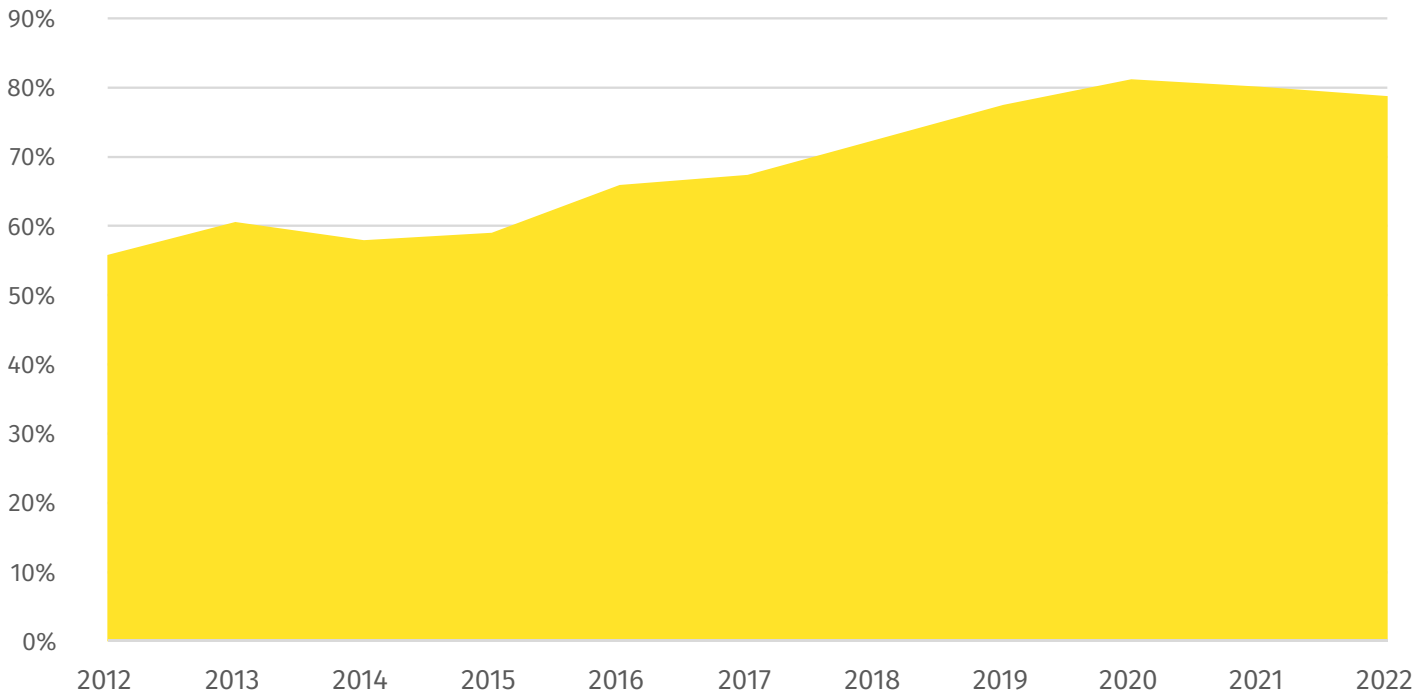


Source: ADHS Enhanced HIV/AIDS Reporting System (rate per 100,000 population)

The dip in newly diagnosed cases seen in 2020 is due to reduced testing during the COVID-19 pandemic. In 2022, there were 975 new cases in Arizona, representing an increase of 20%. However, the state's HIV linkage to care system was able to rapidly provide support to people who are newly diagnosed, connecting 79% of all those in Arizona diagnosed with HIV to services within 30 days of diagnosis.

HIV Linkage to Care

Over the last 10 years, Arizona has increased the number of individuals with a newly diagnosed HIV infection linked to HIV medical care within one month from 56% to 79%.



Source: ADHS Enhanced HIV/AIDS Reporting System

WEBSITE
https://azdhs.gov/ohhs/

RESOURCES

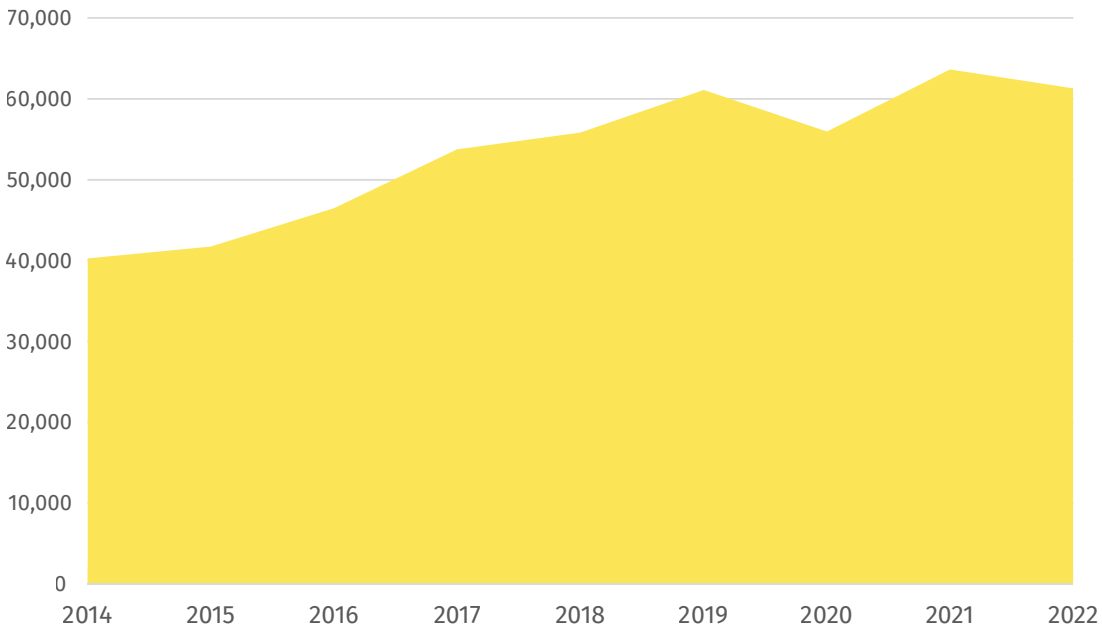
- HIVAZ (hivaz.org) helps connect Arizona residents to service providers, care, and education on HIV prevention.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

Sexually transmitted infections (STIs) have increased for the past 10 years, with higher rates of infection among young adults 15-24 years old as well as Native American, Black, Hispanic, and LGBTQIA+ communities. Chlamydia has been the most reported STI.

Sexually Transmitted Infections

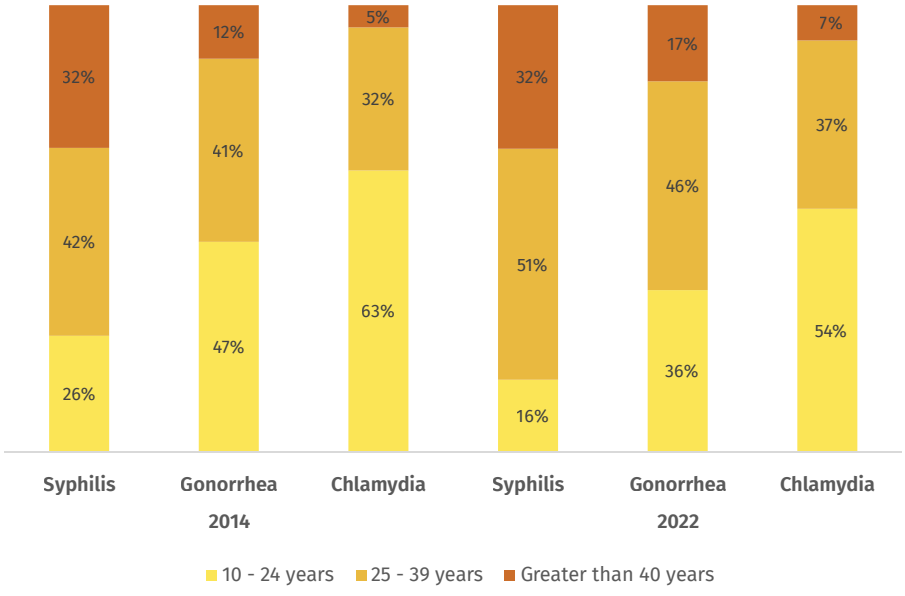
The number of STIs (includes chlamydia, gonorrhea, and syphilis) has been steadily increasing over the last several years in Arizona.



Source: ADHS Sexually Transmitted Infection Surveillance Data

Sexually Transmitted Infections, by Age Groups and Type

Compared to 2014, the 10-24 year age group sees a lower proportion of STI cases across all three types in 2022.



Source: ADHS Sexually Transmitted Infection Surveillance Data

The rise in syphilis is of particular concern. Syphilis can be deadly to a developing fetus. Since 2017, congenital syphilis, syphilitic stillbirth, and death from congenital syphilis has increased. In 2022, Arizona had the second highest rate of congenital syphilis in the country. A lack of timely prenatal care and syphilis testing, combined with the overall rise in syphilis, is a large contributor to the increase of congenital syphilis. Additionally, instances in which pregnant persons were diagnosed efficiently, lack of adequate treatment was also shown to be a factor.

"The healthcare industry is not often a place I feel cared for."

LGBTQIA+ community member

WEBSITE
azhealth.gov/sti

TUBERCULOSIS

Tuberculosis is one of the world's leading infectious disease killers. In Arizona, tuberculosis can sometimes be mistaken for Valley fever.

After a drop in caseload during the pandemic, tuberculosis cases are at a 10 year high in Arizona. This jump may be caused in part by cases that went unreported during the COVID-19 pandemic.

People who spend time in parts of the world with high tuberculosis rates, experience houselessness, use injectable drugs, work or live in large group settings, or have medical conditions that weaken the immune system are at increased risk of tuberculosis.

WEBSITE
azhealth.gov/tb

VACCINE-PREVENTABLE & RESPIRATORY DISEASE

The landscape of vaccine-preventable and respiratory disease in Arizona has changed dramatically. In the last 10 years, more respiratory diseases have been reported even as vaccine-preventable diseases that were once thought to be under control are on the rise again. Vulnerable populations include older adults and people with underlying health conditions.

Vaccine-preventable diseases include influenza, hepatitis, COVID-19, diphtheria, measles, mumps, pertussis, and tetanus.

Arizona has many unique qualities that affect vaccine-preventable and respiratory disease data collection and testing. These include the wide geographical spreads of population centers, an international border with Mexico, and large autonomously-governed Native American populations.

Since 2019, Arizona has responded to outbreaks of mumps, hepatitis A, and COVID-19. Since the COVID-19 pandemic, influenza and respiratory syncytial virus (RSV) reached their highest levels of recorded burden in our state. Measles, pertussis, varicella, and invasive meningococcal remain points of concern. The ability to rapidly respond to outbreaks of vaccine-preventable and respiratory diseases with case investigation and contact tracing is a crucial public health function.

WEBSITE
azhealth.gov/vpd

VALLEY FEVER

With around 10,000 new cases reported each year, Valley fever is the most common fungal disease in Arizona and the second-most common infectious disease after sexually transmitted infections. Nine in 10 cases were reported in Maricopa, Pima, and Pinal counties.

The fungus grows in the soil throughout Arizona, neighboring states, and parts of Mexico. Anyone who breathes where the fungus lives can catch Valley fever. However, less than half of people who are infected with Valley fever will develop symptoms. People of African and Filipino descent, pregnant individuals infected after the first trimester, and people with weakened immune systems are more likely to develop severe disease.

In 2022, patients with Valley fever incurred over $68 million in hospital related expenses.

WEBSITE
valleyfeverarizona.org

RESOURCES

- The Valley Fever Center for Excellence (vfce.arizona.edu) seeks to improve understanding, medical care, and research about Valley fever.
- The Valley Fever Collaborative (valleyfevercollaborative.org) supports education, research, and prevention of Valley fever.

VECTOR-BORNE & ZOONOTIC DISEASE

Diseases that are spread by organisms such as mosquitoes, ticks, and fleas are known as vector-borne diseases. Diseases that normally exist in animals but can also infect humans are known as zoonotic diseases.

Arizona tracks more than twenty different zoonotic and vector-borne diseases. From 2019 to 2023, the most commonly reported in Arizona were West Nile virus, Rocky Mountain spotted fever, malaria, and dengue.

While West Nile has circulated in Arizona for decades, the 2021 outbreak caused an unprecedented number of cases and deaths. St. Louis Encephalitis virus, another disease spread by mosquitoes, reemerged after a 2015 outbreak and remains a threat to the health of Arizonans.

1,710 127

Rocky Mountain spotted fever, a disease spread by ticks, presents a unique challenge in Arizona. Over the past five years, an average of 32 cases were reported annually, almost exclusively by tribal jurisdictions. However, the last recorded death in Arizona occurred in 2018.

People at Increased Risk of Vector-Borne & Zoonotic Disease*

Older Adults	• St. Louis Encephalitis • West Nile Virus
Residents of Counties Bordering Sonora, Mexico	• Chikungunya • Dengue • Rocky Mountain Spotted Fever
International Travelers	• Chikungunya • Dengue • Malaria
People Living in Tribal Jurisdictions	• Hantavirus • Rocky Mountain Spotted Fever • Tularemia
People with Exposure to Mammalian Reservoirs (e.g. Hunters, Forest Service Workers, Border Patrol Agents)	• Hantavirus • Plague • Soft Tick Relapsing Fever • Tularemia

Note: groups outside this list are still susceptible to infection from vector-borne & zoonotic disease.

WEBSITE
azhealth.gov/vbzd

Factors Contributing to Health

FACTORS CONTRIBUTING TO HEALTH

In public health, we study the factors that contribute to our health. If we know what contributes to a health problem in Arizona, we can work to address it. These factors can also offer clues to help us answer the question: "Why do these people get this health problem at that time and place?"

Behaviors and choices do affect our health, but other factors can be even more important. Where we are born, how we grew up, where we live and work, how our needs are supported, what chances we have to improve our health, and how we are treated by others all determine how healthy we are — and how healthy we can become. These factors are called the social determinants of health.

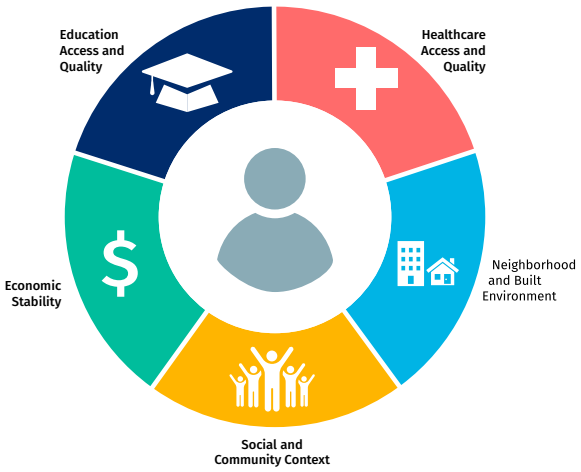
The social determinants of health can be grouped into five areas

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

"What allows us to feel peace and tranquility is having communication and trust with our neighbors."

Older adult community member

Social Determinants of Health



Social Determinants of Health
Copyright-Free
Healthy People 2030

BORDERS

Communities along the US-Mexico border face higher rates of poverty, more risk factors for infectious diseases, and limited access to healthcare. The outskirts of some rural communities along the border lack running water, electricity, and sewers, which contributes to the spread of diseases.

The magnitude of the migration across our southern border further strains border communities as well as statewide health systems. As migration continues to increase, solutions to meet the health needs of both transient populations and permanent border communities will be critical. People die from heat every year crossing the border. Language barriers and discrimination impede access to healthcare. Mental health issues are exacerbated by the trauma and uncertainty associated with displacement, leading to conditions such as anxiety, depression, and post-traumatic stress disorder.

"We are trying to save money to get legal support, but it's hard to do when you can't get a job without documentation. You are in a loop and you feel stuck."

Hispanic community member

As people move across our domestic and international borders, Arizona also faces increased disease transmission risk. The same infectious diseases that affect our neighbors can affect us: tuberculosis, syphilis, dengue, chikungunya, malaria, Zika, enteric diseases, and rickettsioses. Other important threats to health along the southern border include flu-like illnesses, hepatitis C, HIV, and COVID-19.

Cross-border medical tourism and the availability of over-the-counter antibiotics across the southern border, as well as higher rates of *C. auris* cases in neighboring US states, increase the risk of multidrug-resistant organisms in Arizona. An early and aggressive response paired with proactive prevention strategies are imperative to prevent further transmission into our communities.

HEALTHCARE ACCESS

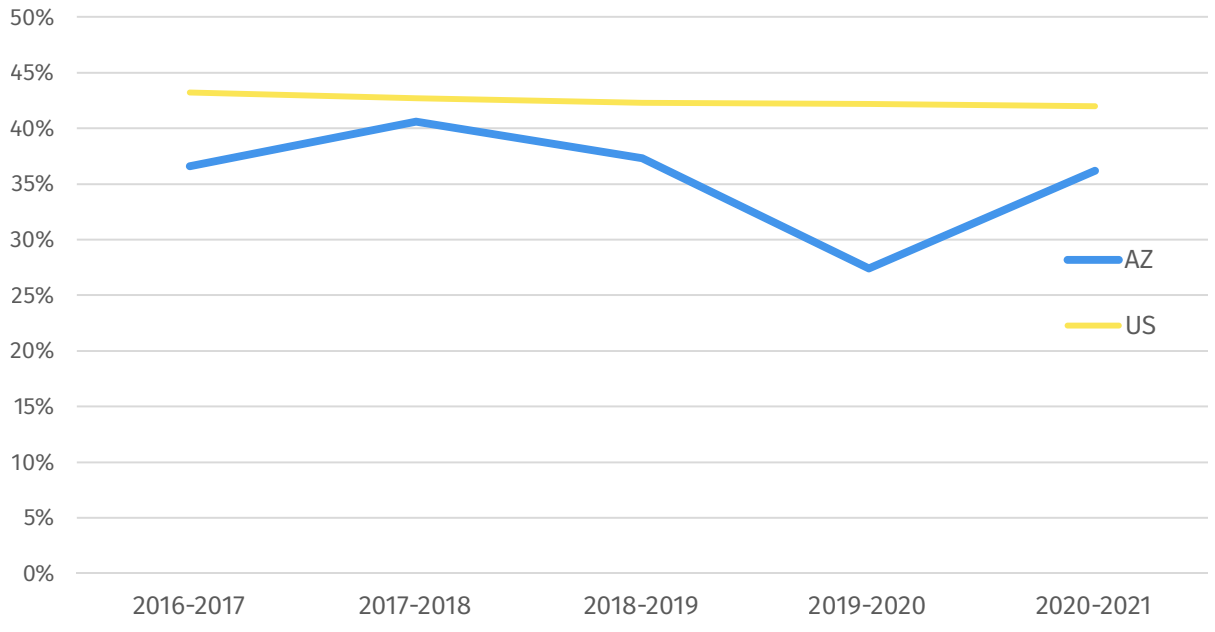
Access to healthcare can impact the outcomes of almost every health area, including mental health, chronic disease, immunization, and conditions that rely on specialized care or early detection and diagnosis such as cancer, congenital syphilis, pediatric special health needs, and Alzheimer's disease or dementia. Access to healthcare may be limited by factors including transportation, professional shortages, the cost of care, or a lack of shared identities between patients and providers. According to a survey, less Arizona children with special healthcare needs have a medical home compared to the rest of the US.

"It feels like a life-or-death situation, and I don't have a choice in how I get care."

LGBTQIA+ community member

Children with a Special Healthcare Need Who Have a Medical Home

The percentage of children with a special healthcare need who have a medical home has been consistently lower in Arizona compared to the US.



Source: National Survey of Children's Health

RESOURCES

- The Arizona Alliance for Community Health Centers (aachc.org) works to ensure equitable access to healthcare for everyone.
- The Arizona Center for Rural Health (crh.arizona.edu) seeks to improve the health and wellness of rural and underserved Arizonans.

Understanding

Emerging research suggests the lack of shared identities between patients and their providers may be linked to differences in health outcomes. This was also a theme in listening sessions, when our community members spoke about the importance of seeing providers with shared lived experiences.

If someone can't understand their provider, it can be difficult to make well-informed health decisions. Language or cultural barriers pose a barrier. For example, recent research found that Hispanic patients not only have less in-language interaction with primary care providers, they are less likely to be advised by their providers to quit smoking. The problem is compounded by the fact that our system can be hard to understand for certain groups, including older adults. About eight in 10 older adults struggle to use medical documents such as forms or charts.

"I don't expect handouts. Just treat me with dignity."

Veteran community member

Cost of Care

People without health insurance are more likely to skip preventive services. Today, there are about 743,000 people in Arizona without health insurance. Almost 150,000 of them are under 19 years old. Although Arizona's percentage of uninsured children has decreased from its peak in 2008, the uninsured rate for this age group remains substantially higher than the national average. ↘8.7% →5.3%

Inadequate insurance coverage and access to care remains an emerging concern for children and youth with special healthcare needs. Families with children with special healthcare needs often struggle to find doctors who can treat complex medical issues. A child or youth with special health needs will likely need several specialists. Sometimes, the needed specialists are not covered by insurance. Further complexities arise when a child receives a combination of public and private insurance, which limits the number of providers even more.

The cost of care does not only impact people without insurance. Health insurance premiums and deductibles continue to rise nationwide. In listening sessions, community members described how even with insurance, the rising cost of healthcare presents a seemingly insurmountable barrier to medical care.

Financial toxicity describes problems a patient has with the cost of medical care. Studies show that people with cancer and cancer survivors are more likely to have financial toxicity than people without cancer. Research is now beginning to focus on innovations in screening and care delivery that can mitigate this risk.

"If you get cancer, you won't survive financially. I have good insurance, but I still worry about major surgeries because you still must pay a fortune.

Black community member

Inadequate access to dental care is another stubborn challenge that has affected millions of Arizonans for decades, especially older adults who do not have dental insurance. These adults suffer pain, tooth decay, and untreated disease that can contribute to other chronic diseases. There are few programs to address dental care for older adults without dental insurance.

Community Health Workers

Community Health Workers (CHWs), also known as Community Health Representatives or Promotoras de Salud, improve access to healthcare for patients that may not otherwise receive care. Living and working in underserved communities, CHWs can increase cancer screenings, improve access to mental health services, and help older adults with complex health conditions navigate our health system.

Despite their proven record of success improving access to healthcare and health outcomes in marginalized communities, CHWs face low wages and a limited career path, resulting in turnover, attrition, and workforce instability.

Hourly wages for CHWs increased from 2019 to 2022, but the increase was not substantial. Most CHWs live in low-income households. Medicaid reimbursement helps support some CHWs, but other sources of long term sustainable funding must be explored to see an increase in wages for all CHWs.

As of April 2024, 372 community health workers have been certified by the Arizona Department of Health Services.

WEBSITE
azhealth.gov/chw

RESOURCES

- The Arizona Community Health Workers Association (azchow.org) supports community health workers of all disciplines in Arizona.
- The Northern Arizona University Center for Health Equity Research (nau.edu/cher) and Arizona Prevention Research Center (azprc.arizona.edu) support community health workers with research and advocacy.

Professional Shortages

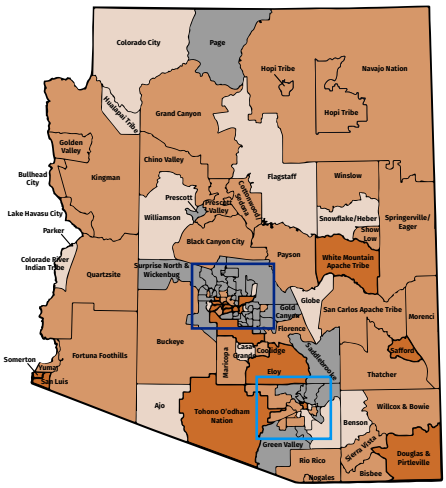
Health Professional Shortage Areas (HPSAs) are federal designations that apply to areas, population groups or facilities in which there are unmet healthcare needs. Today, Arizona faces some of the worst staffing shortages in the country due to our growing population and problems recruiting, training, and keeping providers — especially in rural areas.

65%

More than half of our primary care service areas are designated as “medically underserved.” As of 2020, Arizona meets a fraction of its current mental healthcare workforce needs. Today, we need an additional 667 full-time primary care physicians, 485 dentists, and 228 psychiatrists statewide to fill existing shortages.

11%

Dental HPSAs

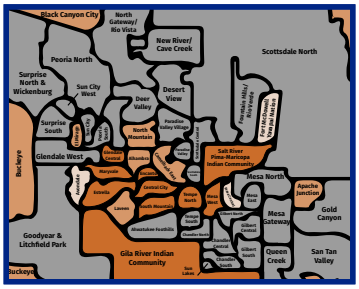


Dental HPSA Score

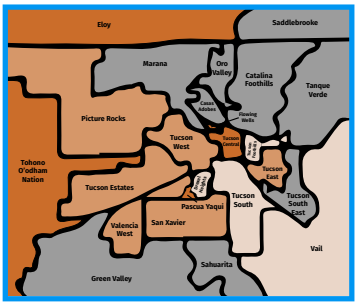
7-13	14-17	18-24

Not Designated

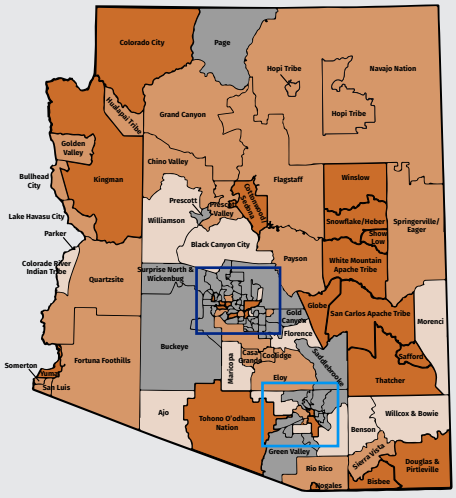
Metro Phoenix



Metro Tucson



Mental Health HPSAs

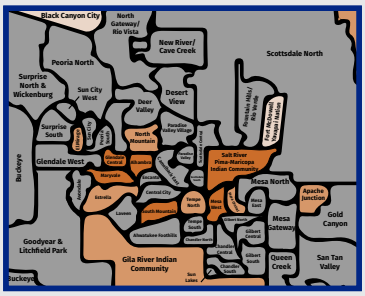


Mental Health HPSA Score

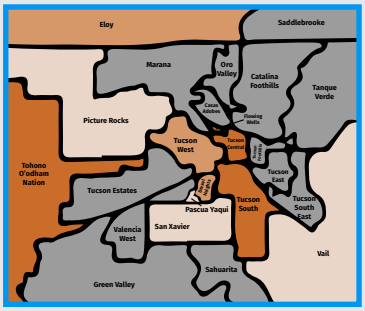
11-14	15-17	18-20

Not Designated

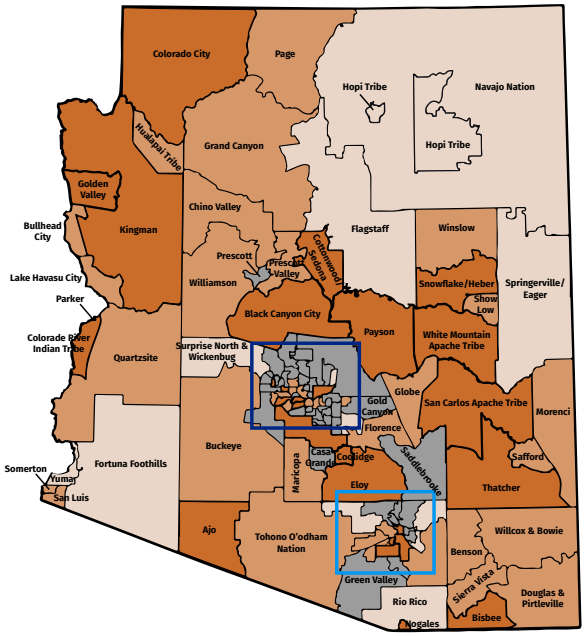
Metro Phoenix



Metro Tucson



Primary Care HPSAs

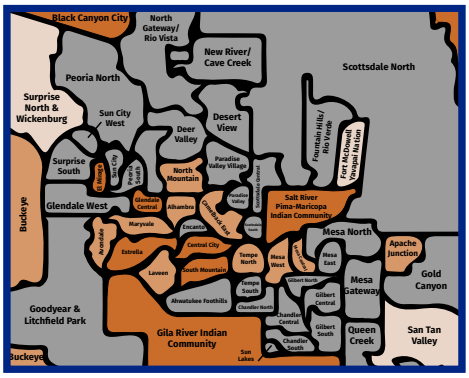


Primary Care HPSA Score

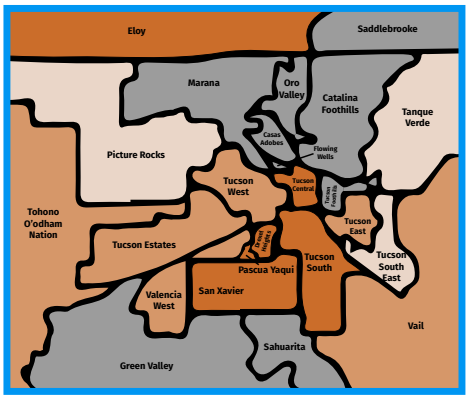
8-12	13-16	17-21

Not Designated

Metro Phoenix



Metro Tucson



"Health to me is about access, equity, and the ability to receive quality care that is inclusive, affordable, and culturally responsive."

LGBTQIA+ community members

We also face significant nursing and behavioral health workforce shortages. State legislation has allocated over $67 million to support workforce programs that offer accelerated training, loan repayment, and funding for preceptorships in these areas. However, healthcare systems across the state still face ongoing challenges filling these roles.

The uneven distribution of providers across the state is especially stark among Arizona's underserved populations and rural communities. Recruiting providers to rural areas can be difficult due to the appeal of higher salaries, school districts and community amenities that urban areas can offer.

The lack of access to healthcare providers — including pediatricians, pediatric specialists, obstetricians, gynecologists, specialty physicians, and behavioral health providers — poses significant challenges. Two Arizona counties are designated as maternity care deserts. Four other rural counties have limited access to maternal care. The overwhelming majority of Arizona psychiatrists practice in urban areas, which limits the ability of our rural population to access behavioral health services. Access to substance use treatment continues to be a challenge, especially for rural communities.

Professional shortages in non-medical fields can also play a role in health outcomes. For instance, many families face obstacles finding childcare that is inclusive of children with disabilities. According to a federal analysis, parents of children with disabilities are three times more likely to experience job disruptions because of problems with childcare.

"Having a son with autism and having all my time dedicated to him is stressful. I always worry about being able to support his needs."

Caregiver for a child with special needs

Solutions for provider shortages will require new ways to deliver care. For example, in 2018, Arizona allowed dental therapists, mid-level providers who offer basic care, to practice in Arizona. However, this service has been underused, in part due to a lack of local training programs for dental therapists. In 2023, the Board of Dental Examiners reported that there were no dental therapists practicing in Arizona.

Stigma

Stigmas are barriers to healthcare for marginalized groups and people with certain health conditions including sexually transmitted infections, substance use disorders, adverse childhood experiences, and perceptible differences such as a higher weight and oral health concerns. These barriers may include fear of discrimination or mistrust of law enforcement and service providers. For example, more than half of surveyed hepatitis C patients in Arizona agreed they felt the need to hide their diagnosis, and nearly a third reported having been refused treatment by a doctor.

29% 58%

Stigmas impact health outcomes by promoting false narratives, such as the notion that distributing naloxone somehow enables drug addiction, or that mothers with substance use disorder don't love their children.

Stigma can also reduce access to health education for groups with unique social, health, or communication needs, such as undocumented immigrants or LGBTQIA+ community members.

"How good are your policies if they are offensive? Get to know each Nation before you offend. Have the respect of going into someone else's land."

Native American community member

Transportation

With few major highways, vast land features, and a lack of mass transit systems, Arizona presents significant transportation costs and challenges. The Phoenix-area metro transit system is limited for an urban area of its size, and public transportation is not common in rural areas. Our population is dispersed among remote rural and frontier communities. These residents often have to endure long drives, sometimes over dirt roads, to access healthcare. Concerns over traveling through border patrol road checkpoints present additional barriers to some families.

CLIMATE & HEALTH

As one of the hottest states in the country, Arizona will be more heavily impacted by warming trends than other areas. By 2060, some Arizona counties could experience temperatures over 100 degrees Fahrenheit for half of the year.

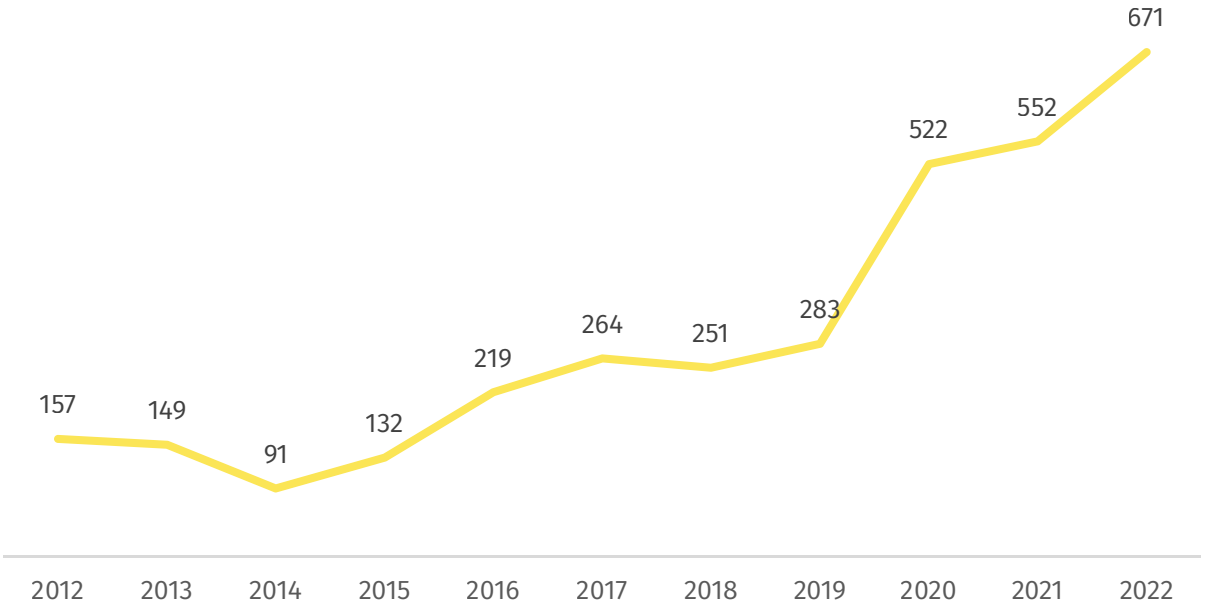
"We need more shelters for both animals and humans. We really need to prioritize individuals who are unhoused and experiencing mental illness."

Adolescent community member

All heat injuries and deaths are preventable. However, heat-related illnesses and deaths are already on the rise. Heat deaths in Arizona have increased sevenfold since 2012. Nationwide and in Arizona, one in four people in the US are socially vulnerable and have low resilience to extreme heat exposure. People with unstable housing or high energy bills, who live in neighborhoods with insufficient shade, or who fear retaliation when advocating for themselves at work may be more vulnerable to health impacts from extreme heat.

Heat Related Deaths

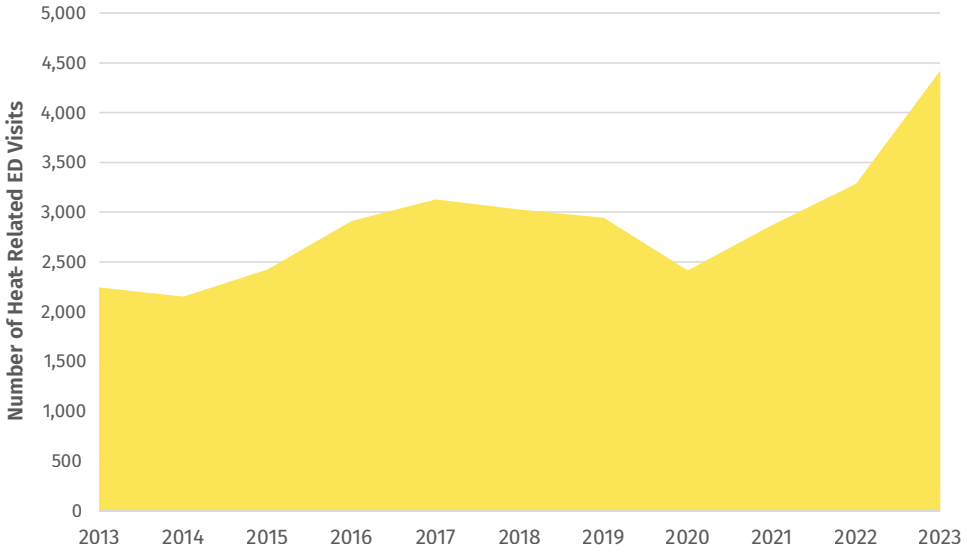
The number of heat-related deaths in Arizona has been on the rise since 2019.



Source: ADHS Health Status and Vital Statistics

Heat-Related Emergency Department Visits

Heat-related Emergency Department (ED) visits have been on the rise since 2013 with a preliminary high of 4,426 seen in 2023.



Source: ADHS Hospital Discharge Data

Warming puts outdoor workers and farmworkers, who are 35 times more likely to die from heat-related stress than workers in other industries, at increased risk. Heat also impacts mental health by causing more fatigue, irritability, and anxiety as well as exacerbating conditions like depressive episodes. More than one million adults in Arizona are living with a mental health condition, and 87,000 Arizonans ages 12 to 17 have depression.

"Programs like tree planting and opportunities to engage in and with the community are important to me."

Adolescent community member

The changing climate extremes will eventually impact our nutrition by altering crop production and food availability. We may also see a change in disease dynamics. For instance, as the climate becomes warmer and drier across the southwest, some models project that the number of cases of Valley fever, the most common fungal disease in Arizona, could increase by 50%.

WEBSITE
azhealth.gov/heat

EMERGENCY MEDICAL SERVICES

The Arizona EMS for Children program seeks to integrate pediatric care into the emergency medical services and trauma system. Emergency departments and hospitals that participate in this project experience fewer child deaths than those that do not.

Arizona's Treat and Refer program, one of the first in the country, gives patients and first responders flexibility to address health needs. Rather than transporting patients directly to the emergency room, first responders can treat patients where they are and provide follow-up referrals to behavioral health providers, urgent care, or crisis response. This improves the patient's experience, reduces costs, and can lead to better health outcomes.

Public health partnerships with first responders, emergency medical services, and hospitals have directly reduced deaths from opioid overdoses in Arizona. Public health programs support training for law enforcement officers to identify possible opioid overdoses, administer naloxone, and to leave behind naloxone kits for at-risk patients, as well as their families and loved ones.

COVID-19

The COVID-19 pandemic worsened health disparities in our high-risk communities. Stress, illness, lack of social support, behavioral changes, and disruptions to regular medical appointments impacted our health outcomes. Domestic violence increased as stay-at-home orders trapped some people with their abusers. Breastfeeding rates dropped due to the precautions taken at the hospital and in the community. Adolescents suffered from social isolation and online harassment. Mental health facilities closed in-patient beds due to staffing shortages, leaving vulnerable people with nowhere to go for treatment. Foodborne illness rates dropped as we cut back on travel and restaurants, but soon rebounded. We saw changes in the rates of tuberculosis, cancer screening, syphilis, hypertension, high cholesterol, and tooth decay in children.

"When you get older you are forgotten. It boils down to putting seniors to the side. They have forgotten about us since COVID."

Aging Adult community member

Many benefited from virtual services during the pandemic. Remote monitoring, virtual support groups and remote health apps for Alzheimer's and dementia patients and their families gave new options to people in rural and underserved areas. Virtual appointments for food assistance services also improved WIC retention rates, which reached an overall high of 81% in 2022.

However, some pandemic-era innovations were not sustainable. One in four community health workers nationwide report they may face layoffs due to lapsing funds from the COVID-19 emergency funding. Although enrollment in Arizona's Medicaid agency increased by 33% during the pandemic, over 457,000 Arizonans have since discontinued Medicaid enrollment as the policy of continuous enrollment comes to an end.

The adoption of virtual services during the pandemic also exposed barriers for rural and underserved communities, raising questions about equitable access for tribal jurisdictions and other communities who face challenges with broadband connectivity.

WEBSITE
azdhs.gov/covid19

CULTURAL & LINGUISTIC BARRIERS

Cultural and linguistic diversity in Arizona presents challenges in delivering culturally competent and language-appropriate services and resources to diverse populations. Arizona has a high number of indigenous and immigrant populations. Efforts to address health conditions in our state must consider the unique needs and preferences of different cultural and ethnic groups.

"We don't need to have external providers come into the community. Train more people like us for us."

Native American community member

DATA

Timely and accurate data guides every public health intervention. Data initiatives gathered momentum during the COVID-19 pandemic. Realtime data sharing helped patients find hospital beds during surges. Daily dashboards allowed Arizonans to make informed choices about their health.

Today, the way that public health receives and processes data is quickly evolving. New data modernization projects seek to replace manual data entry with streamlined daily data processing. Wastewater surveillance offers new datasets for analysis. Even as the Arizona Cancer Registry faces delays in reporting, the work to integrate hepatitis C into the Medical Electronic Disease Surveillance Intelligence System (MEDSIS) electronic reporting system continues, promising new insights on mortality and morbidity trends.

However, data gaps continue to hide how certain groups are affected by health conditions. For example, the absence of sexual orientation or gender identity information on Death Certificates makes it difficult to track LGBTQ+ suicide risk in Arizona. Similarly, as local providers conduct fewer drug-resistance tests on HIV samples from the community, it becomes more difficult for public health to find and respond to disease clusters.

WEBSITE
Data Request Form: http://azhealth.gov/datarequests

ECONOMIC INSTABILITY

Although people with steady employment are less likely to live in poverty and more likely to be healthy, many people have trouble finding and keeping a job. Public health calls this economic instability.

"Give me my ladder so we can all look over the fence."

Native American community member

As of 2022, our unemployment rate was almost half of what it was 10 years earlier. La Paz, Santa Cruz, and Navajo Counties had the highest unemployment rates in the state.

The latest data shows that the number of people who live in poverty has also decreased. However, in many parts of rural Arizona as well as in some urban areas, one in four people are eligible for federal programs that benefit low income households. In 2022, Apache, Navajo, and Santa Cruz Counties had the highest percentage of people living in poverty.

Housing burden, the percentage of households that earn less than $75,000 and spend more than 30% of their income on housing, is another measure of economic instability. While overall housing burden has decreased across the state, in 2022, Coconino, Pima, and Santa Cruz Counties had the highest percentage of households in this category.

Over the course of a lifetime, economic instability exacts a cruel toll on health. Mothers from low-income communities return to work sooner after giving birth, and often have jobs that make it difficult to continue breastfeeding. They may live in areas that have less access to nutritious food and more access to commercial tobacco products.

The cost of childcare remains too high for many families in Arizona. Enrolling two children in a daycare for a year can be more expensive than college tuition or housing. In Arizona, single parents can spend over a third of their income on child care — five times more than what the federal government considers affordable.

Children without dental insurance suffer more untreated tooth decay than those with dental insurance. Teens from low-income families may be more likely to have unintended pregnancies and may face more mental health consequences from bullying due to barriers to mental health resources.

For adults and children alike, poverty can restrict access to safe neighborhoods, quality education, nutritious food, reliable transportation, and consistent healthcare. In La Paz and Mohave County, which have the highest emergency medical service needs and death rates in the state, about one in five people live in poverty.

"We need people to give us tasks during the day so we can feel like we are making progress."

Community member experiencing houselessness

Older adults with lower incomes are more likely to have disabilities and die younger. In fact, disability is likely to start earlier in life for people with lower incomes — further increasing their risk of early death.

Employment programs, career counseling, and high-quality childcare opportunities can help more people find and keep jobs. Policies to help people pay for food, housing, healthcare, and education can reduce poverty and improve health and well-being.

HEALTH DISPARITIES

Health conditions do not affect everyone the same way. Differences in the burden of health outcomes in our communities are called health disparities. Health disparities are prevalent in each public health topic across race, income, education, and geography. Identifying these disparities — often the product of historical and ongoing structural or social inequities — are the first step to addressing them.

High risk populations for many health conditions in Arizona include older adults, children with special healthcare needs, the LGBTQIA+ community, people living in rural areas, and Black, Hispanic, and Native American Arizonans. These groups often experience a wider gap in accessing medical services due to professional shortages and inadequate insurance coverage.

"Creativity and innovation have sustained the community for so long. Willingness to learn has helped with our survival. Our grandparents were natural researchers and scientists. We must have more resilience to be successful."

Native American community member

People from historically underserved or marginalized backgrounds are often underrepresented in research. This matters because different people may have different reactions to the same treatment. The lack of diversity in cancer trials, for example, has perpetuated inequalities in cancer care.

Socioeconomic factors are an important health disparity, especially among underserved groups. Food insecurity and tobacco accessibility are higher in low-income areas. Unmet food, housing, childcare, nutritional, and transportation needs pose barriers to care for many groups, including cancer patients and survivors, people with chronic disease, and parents of children with special healthcare needs. This can lead to poor health, especially in communities that are already at risk.

“We speak and think in terms of community. Not as individuals.”

Native American community member

The impact of historical trauma, such as the loss of land and the policies of segregation and discrimination, have had a long lasting influence on community health and well-being in our tribal communities. People living in tribal jurisdictions also face a lack of water and electricity, higher poverty, and food deserts. The COVID-19 pandemic revealed further gaps in broadband connectivity, transportation, funding, and access to data as well as protective factors present in tribal communities due to their sovereignty, lending them the ability to issue their own COVID-19 mitigation policies. Tribal Nations in Arizona had among the highest COVID-19 vaccine rates, which is how, at one point, Arizona was the only state in the nation with a higher rural COVID-19 vaccination rate than urban.

WEBSITE
azhealth.gov/azsvi

NUTRITION

In Arizona, more people have less access to grocery stores and supermarkets than elsewhere in the US. Often, this is a matter of geography — our rural counties have extremely high percentages of food deserts — and poverty.

People who cannot access healthy food are at higher risk of worse health outcomes at every stage of life. Correct feeding for infants under three lowers their risk of sickness and death, reduces the risk of chronic disease throughout their life, and promotes regular mental and physical development. School meal programs support the health and well-being of bullied adolescents, whose access to food can be exacerbated by bully-related stress and anxiety. For people with cancer and chronic diseases like diabetes or heart disease, healthy eating can help manage their condition and prevent complications.

“Money affords choices and that affirms my autonomy and increases my quality of life.”

LGBTQIA+ community member

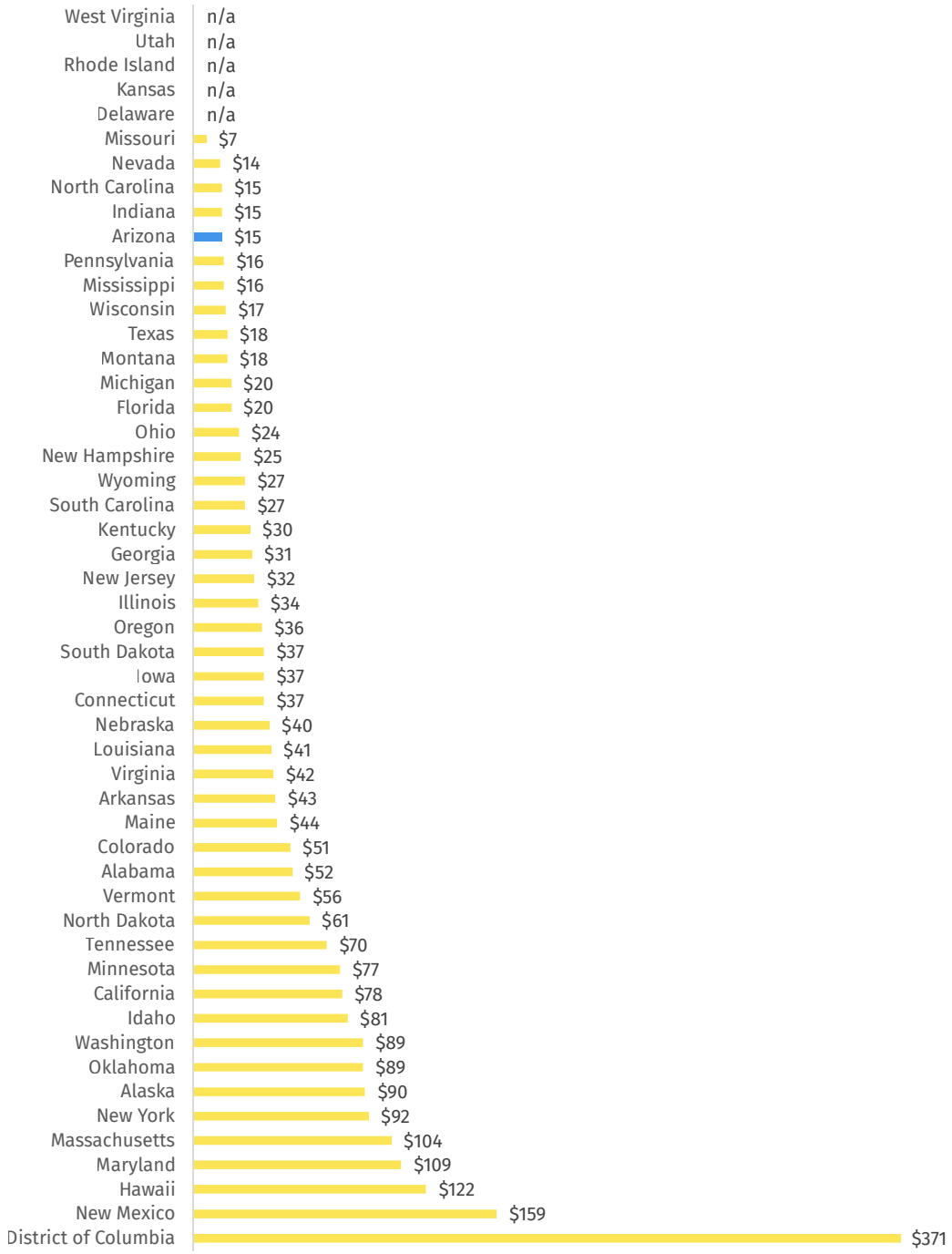
PUBLIC HEALTH SUPPLY CHAIN

The system that brings together the tools and processes to help people achieve their best possible health may be called the public health supply chain. The health and wellness of people in Arizona depends in part on how well public health can coordinate services and resources, identify sustainable funding sources, and navigate logistics and supply chain challenges.

FUNDING

National State Public Health Funding

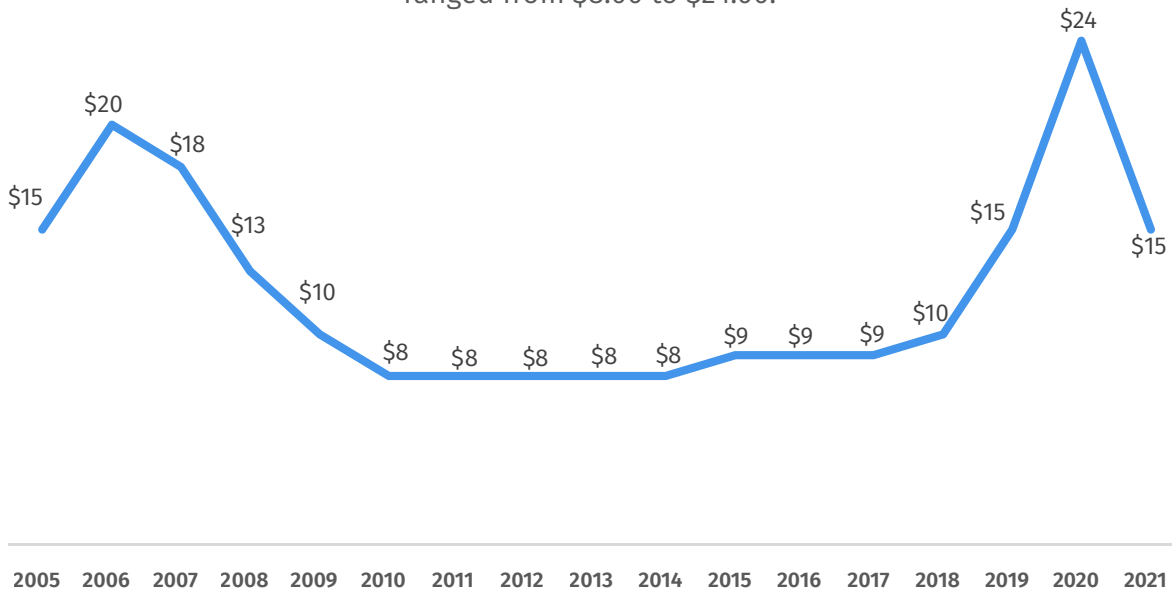
In 2021, the below dollar amounts represents state per capita public health funding during the fiscal year. These amounts consider state funding only.



Source: State Health Access Data Assistance Center

Arizona State Public Health Funding

From 2005-2021, Arizona has spent an average of $12.00 per capita on public health funding and has ranged from $8.00 to $24.00.



Source: State Health Access Data Assistance Center

Inadequate and unsustainable funding for public health and partner organizations impacts what public health can do to help keep people in Arizona healthy and well.

For example, due to gaps in funding, there are no dedicated staff members in the state health department who work on chronic lower respiratory disease and asthma. Funding shortfalls also limit the implementation and management of school stock inhaler databases. Arizona also has a significant need for gestational diabetes and type 1 diabetes programs and support. The state health department provides support to type 2 diabetes prevention and management, but in the absence of state or federal funding, there are no state programs or resources dedicated to type 1 diabetes.

due to debt ceiling negotiations

The loss of national funding for some frontline public health staff threatens to open new gaps in public health programming. Funding for the state program on sexually transmitted infections has been cut by two thirds, and will likely result in the loss of nearly all the state and local investigations staff. Screening efforts will also be halved unless a more sustainable funding source can be identified.

The lack of sustainable funding can also unravel key competencies acquired during the pandemic response, when the state health department faced up to 7,000 new COVID-19 cases each day. Today, Arizona's Office of Rapid Response Disease Investigation responds to emerging needs including outbreaks, Food and Drug Administration (FDA) recalls, and vaccine navigation. However, funding will lapse in 2026, threatening to dismantle a crucial and hard-earned public health capability.

Funding challenges for partner organizations also impact our public health programming. When a Centers for Disease Control and Prevention (CDC) grant to the Arizona Department of Education lapsed, the state health department lost its school health liaison, opening a vacuum in school health coordination. Likewise, many nonprofit organizations that offer additional coverage for uninsured or underinsured hepatitis C patients exhausted their funding — which usually remained available through the end of the calendar year — as early as March 2024.

These are narrow examples, but problems associated with inadequate and unsustainable funding impact public health work across all topic areas. Securing sustainable funding streams for programming is essential to support ongoing public health initiatives and expand services to reach more individuals and communities.

PUBLIC HEALTH INFRASTRUCTURE

Public health in Arizona faces increasing workforce and infrastructure challenges. Staff shortages in the public health workforce and healthcare have severely challenged the timely delivery of public health programs and services. During periods of high pharmacy staff turnover, for example, some public services for heart disease completely stalled.

Ideally, public health should have the capacity and resources to identify alternate partners that can continue services while existing partners rehire and train new staff. However, the public health workforce itself faces chronic difficulties with recruitment and retention as well as acute stressors such as the pandemic response.

Public health workforce and infrastructure challenges make us less prepared. One major focus in Arizona is to rapidly conduct enteric disease (e.g., foodborne illnesses) investigations to identify potential exposures and prevent new outbreaks. However, the growing burden of enteric diseases challenges our current laboratory and epidemiology resources.

SNAP, Medicaid, TANF

3,558 cases in 2021

The lack of effective coordination among state programs further limits our reach among our communities. For example, families already enrolled in certain benefit programs are automatically eligible for food assistance through WIC. However, many affected families are not made aware of their eligibility. Policy and program personnel may not be aware of the eligibility themselves, or may not know how to refer families to WIC. Despite some coordinated efforts on data sharing with other state programs, better collaboration is needed.

SUPPLY CHAIN DISRUPTIONS

Emergency action plans are usually written with the assumption that there will be a supply of emergency food and medicine available. However, the fragility of global supply chains during the COVID-19 pandemic, as well as recent shortages of infant formula and ongoing challenges with the availability of tuberculosis drugs, suggest a need for public health to develop plans to cope with future supply chain challenges.

SOCIAL SUPPORTS

Positive social relationships help people live longer, healthier lives. Cultivating strong social support networks can help mitigate the negative impacts of many conditions, especially those related to the health of mothers and children, adolescents, and older adults. For example, teens who have open and supportive relationships with their parents or caregivers may be more likely to delay sexual debut and use contraception consistently. Social isolation and loneliness, on the other hand, are associated with a higher risk of dementia and other serious health problems for older adults.

"We as residents need to help come together to get things started and not point fingers. We want to be part of creating community."

Aging Adult community member

TECHNOLOGY

Healthcare Delivery

The COVID-19 pandemic accelerated the adoption of digital and telehealth solutions. These may expand healthcare access for some people in rural or underserved areas. However, those same communities may face barriers such as limited internet connectivity or digital literacy.

Advances in medical technology have improved some diagnostics and outcomes. Better testing may be responsible for the growing rates of health conditions like dementia. However, technology also drives healthcare spending. For example, dentistry increasingly relies on costly digital technologies. In a state with oral health inequities, expensive technologies could worsen health disparities as more people defer care. Our healthcare facilities and hospitals are also affected by cybersecurity breaches, which can cause disruptions in service delivery.

Emerging Concerns

The digital media environment offers both promise and peril. Adolescents acknowledge some negative experiences of social media, describing it as toxic, addictive, and sometimes overwhelming. Some perpetrators use social media to abuse others with cyberstalking and harassment or to distribute intimate images without consent. However, social media also provides a mental escape and can become a valuable source of health information.

"Social media can be helpful for my mental health for watching funny videos as a mental break. Screen time isn't always unhealthy like my parents think."

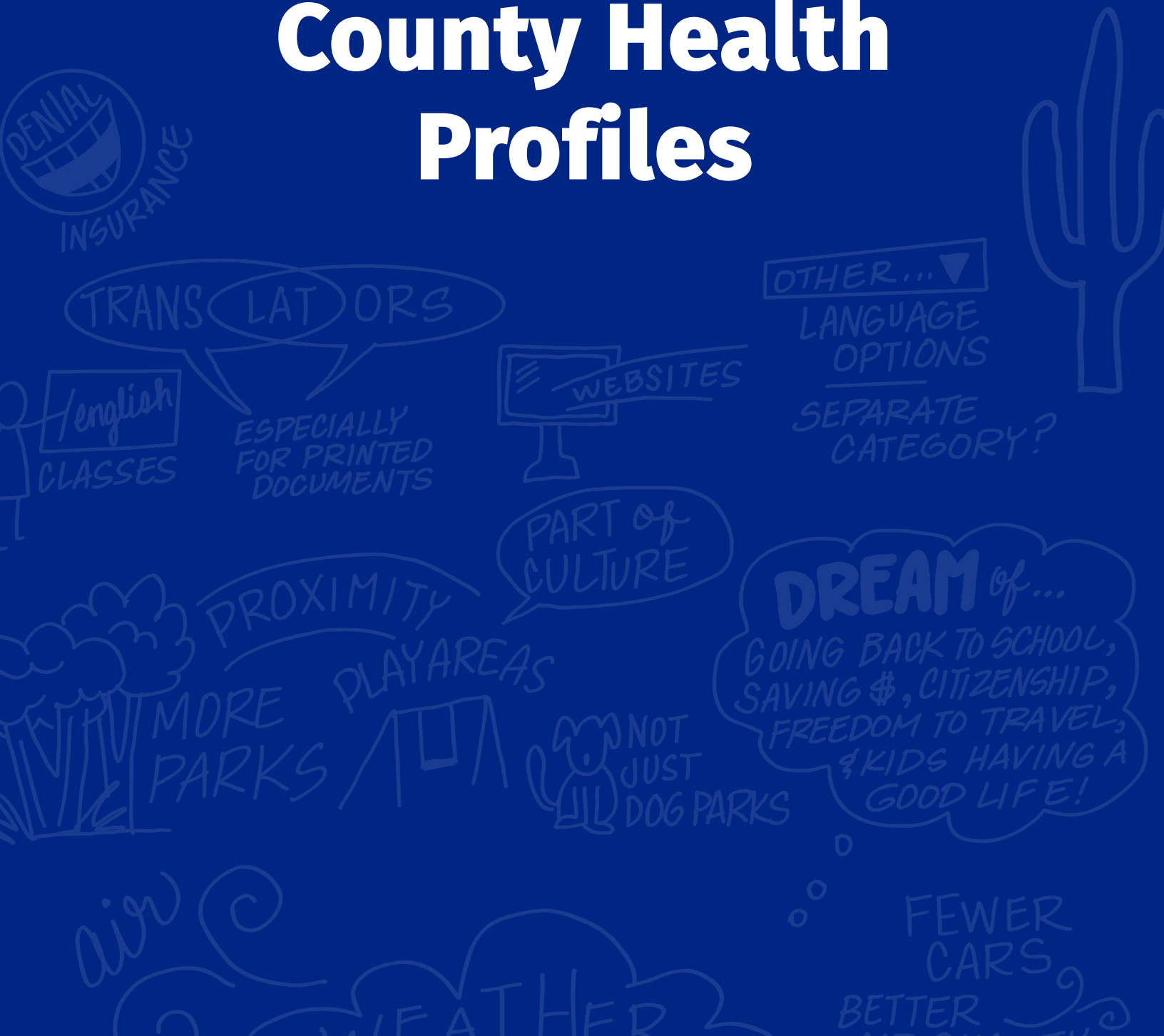
Adolescent community member

As seen during the COVID-19 pandemic, social media does not only impact adolescents. False cures, ineffective treatments, and other misinformation found traction on social media, negatively impacting the pandemic response in Arizona and nationwide.

Some technological and manufacturing innovations deliver new ways to introduce dangerous materials into our bodies. Scientists are still learning about the health impact of popular heated tobacco products like e-cigarettes and vape pens. New synthetic and adulterated opioids, especially illicit fentanyl, have resulted in one-pill-can-kill fatalities. Fentanyl has been found in many different drugs, including heroin, cocaine, crack, methamphetamine and ketamine. It is extremely potent, which makes the drug cheaper, more powerful, more addictive, and more dangerous. The addictiveness and lethality of the drug has created a public health challenge to a drug crisis unlike any other. Responding to these and other emerging substance-related threats requires research, policy, and close coordination across different agencies.

Appendices

County Health Profiles



COUNTY HEALTH PROFILES

Arizona's public health system includes 15 county health departments. They protect and promote the health of all people in their respective counties. Serving the health needs of each county starts by determining the community's current health status, factors that contribute to higher health risks or poorer health outcomes, and then identifying community resources available to improve health.

Counties continue conducting health assessments that meet the growing needs of their communities. This includes aligning with the efforts of a local hospital system, fulfilling federal requirements as a Community Action Agency, or partnering with a regional coalition. The intent remains to collect primary and secondary data that supports decision making and action towards alleviating health disparities. The County Health Profiles highlight each health assessment and improvement plan, and their health priorities.

In addition to the county priorities, the Arizona Local Health Officers Association (ALHOA) collectively supports implementation of the county health priorities. ALHOA includes the local health officers from each of Arizona's 15 counties. They work collaboratively with ADHS to support the priorities resulting from the state health assessment and address challenging public health issues and governance.

All information included in this section was provided by the counties, and links to their most recent reports are embedded where available. Information will be updated on the ADHS website as some counties roll out their finalized reports.

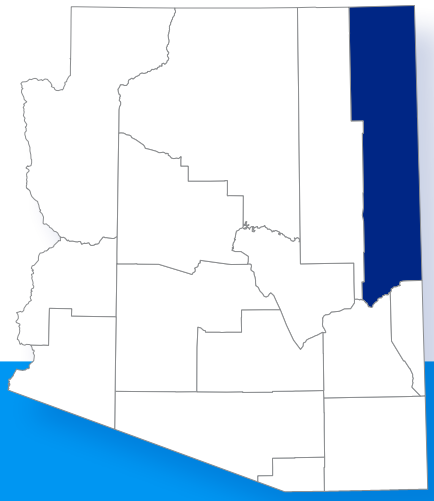
DEFINITIONS

- CHA/CHNA - Community Health Assessment/ Community Health Needs Assessment
- CHIP - Community Health Improvement Plan

APACHE COUNTY

Vision: Healthy People, Healthy Environment.

Mission: Provide public health services in the areas of health education, health promotion, preparation for public health emergencies, immunizations, personal wellness, and environmental health.



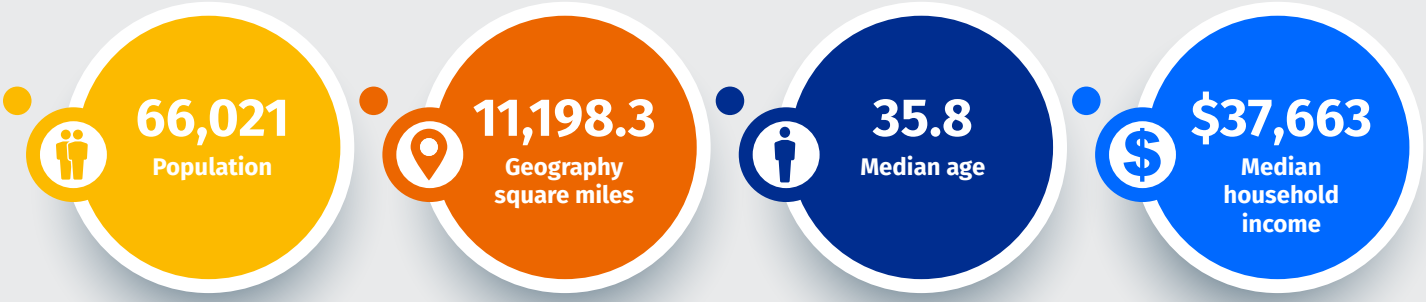
CHIP PRIORITIES

Community Health Improvement Plan

1. Access to Specialty Services in our Service Area
2. **Access to Mental Health Services:** Depression, Anxiety & Substance Abuse
3. Chronic Disease Management

Date published: 2022, CHNA update to be published October 2024.

COMMUNITY PROFILE



COMMUNITY INVOLVEMENT

The Apache County Public Health Services District is partnering with White Mountain Regional Medical Center to complete a CHNA by October 2024.

MAJOR PUBLIC HEALTH SUCCESSES

Apache County has two fully functioning public health clinics and recently received The Arizona Partnership for Immunization's (TAPI)'s Hot Shot Innovation Award for increasing vaccine coverage through outreach efforts with the Apache County Sheriff's Office staff and inmates housed at the Apache County Jail. The Apache County Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff have also worked hard to provide services to families in areas of need. As a result, caseloads have increased and $270,078.36 worth of WIC benefits were redeemed in 2023 at local WIC-approved grocery stores in Apache County. This is an increase of over $55,000 compared to 2022.

COCHISE COUNTY

Vision: We will promote and support the health and well-being of the public both for now and for future generations.

Mission: We work together to promote, protect, and improve the health and quality of life through exceptional public health services and education.

CHIP PRIORITIES

1. Mental Health, Alcohol & Substance Abuse
2. Good Jobs & Healthy Economy
3. Healthy Eating, Obesity & Diabetes

Date published: 2017, CHIP update to be published August 2024.

COMMUNITY PROFILE

- **125,447** Population
- **6,209.8** Geography square miles
- **42.8** Median age
- **$55,031** Median household income

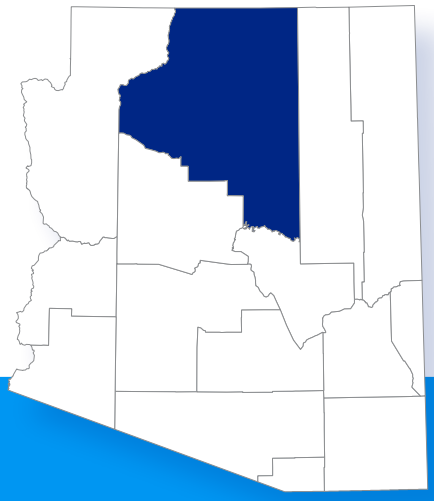
COMMUNITY INVOLVEMENT

Cochise County Health and Social Services will be commencing community partner workgroups.

Community Health Assessment

Community Health Improvement Plan

COCONINO COUNTY



Vision: Optimizing the health and well-being for all in a responsive, collaborative, fiscally responsible, and culturally appropriate manner.

Mission: Empowering people, confronting inequities, influencing policy, and bettering lives.

CHIP PRIORITIES

1. Behavioral Health
2. Child Care
3. Housing
4. Food Security
5. Transportation
6. Income

Date published: : 2022 CHNA, CHIP update to be published December 2024.

COMMUNITY PROFILE

145,101
Population

18,616.4
Geography square miles

32.6
Median age

$62,622
Median household income

COMMUNITY INVOLVEMENT

Coconino County Health and Human Services is working with community partners.

Community Health Assessment

Community Health Improvement Plan

GILA COUNTY

Vision: To sustain a culture of excellence that promotes health, safety, and well-being for all Gila County residents.

Mission: The Gila County Division of Public Health & Community Services strives to advocate, educate, improve, and monitor the public health and safety in Gila County, by providing the highest level of quality, integrity, and respect to those we serve.

CHIP PRIORITIES

1. Drug-Induced Deaths
2. Suicide
3. Teen Pregnancy

Date published: 2022.

COMMUNITY PROFILE

- **53,272** Population
- **4,757.6** Geography square miles
- **50.6** Median age
- **$55,242** Median household income

COMMUNITY INVOLVEMENT

The Gila County Division of Public Health & Community Services has many community partners and no other county collaborators, with representatives from Banner Payson Medical Center and Cobre Valley Regional Medical Center among their community partners.

Community Health Assessment

Community Health Improvement Plan

GRAHAM COUNTY

Vision: A fair, safe, and inclusive environment where all individuals of all ages and backgrounds have equitable information, opportunity, and support to attain their best health.

Mission: We seek to create and maintain an environment that is clean, safe, and healthy and an educated community in which all individuals can achieve their optimum physical, cultural, social, economic, mental, and spiritual well-being today and in the future.

CHIP PRIORITIES

1. Access to Clinical Care
2. Behavioral Health
3. Healthy Lifestyles

Date published: 2023.

COMMUNITY PROFILE

- **38,533** Population
- **4,621.9** Geography square miles
- **34.1** Median age
- **$64,089** Median household income

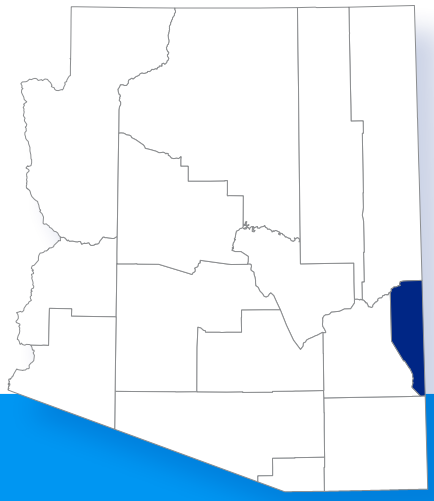
COMMUNITY INVOLVEMENT

2023 CHIP/CHA was completed in collaboration with a local hospital in Graham County.

Community Health Assessment

Community Health Improvement Plan

GREENLEE COUNTY



Vision: A Vision for a Safe and Healthy Community.

Mission: The Mission of the Greenlee County Health Department is to promote the health of the residents of Greenlee County and the quality of our environment through leadership, service, and community participation.

CHIP PRIORITIES

1. Nutrition & Physical Activity
2. Alcohol & Drug Abuse
3. Mental Health

Date published: Update to be published June 2024.

COMMUNITY PROFILE

- **9,563** Population
- **1,842.8** Geography square miles
- **35.5** Median age
- **$73,753** Median household income

COMMUNITY INVOLVEMENT

The Greenlee County Health Department constantly works with community partners from the schools, Sheriff's Office, Fire Department, clinics, fitness center, Freeport, and other local offices. They work collaboratively with Graham County and Mt. Graham Regional Hospital. The hospital is located in Graham County-Safford.

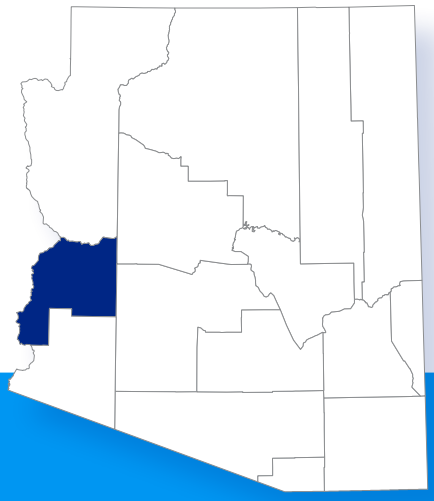
Community Health Assessment

Community Health Improvement Plan

LA PAZ COUNTY

Vision: Inspiring healthy choices by nurturing community involvement and striving towards a better health system.

Mission: Promote, protect, and improve the health and wellness of individuals and communities in La Paz County.



CHIP PRIORITIES

1. Safe Neighborhoods
2. Chronic Disease
3. Infrastructure Development

Date published: Update to be published in 2026.

COMMUNITY PROFILE

- **16,557** Population
- **4,496.6** Geography square miles
- **57.3** Median age
- **$46,634** Median household income

COMMUNITY INVOLVEMENT

La Paz County Health Department works with many community partners to address community health and mitigate health disparities. Their list of partners include the following: WACOG, food banks, schools, DES, mental health agencies, hospitals, clinics, CMT services, first response agencies, community centers, faith-based organizations, domestic violence shelters, transportation services, and other social services. The La Paz County Health Department is not currently collaborating on a CHA/CHIP, however, they are collaborating with their regional non-profit hospital, La Paz Regional Hospital, and satellite clinics.

MAJOR PUBLIC HEALTH SUCCESSES

01 Launching the Community Health Worker program to address health disparities throughout the county and navigate people to needed services and resources.

02 Launching the county-wide La Paz School Health and Wellness Program providing emotional and support services to K-5 students.

03 Launching Chronic Disease Self-Management Program (CDSMP) and A Matter of Balance (Fall Prevention Program) at community centers.

04 Creating a county-wide food bank coalition to address food insecurity.

05 Launching the Overdose Fatality Review Board to complete case investigations and identify areas for targeted prevention services.

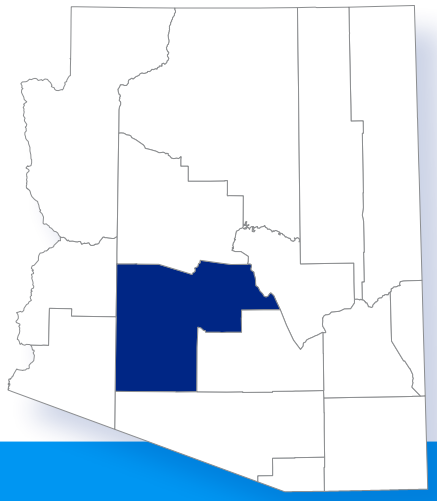
06 Launching the Community Re-Entry Program to assist justice-involved individuals' reintegration back into the community and offering Moral Reconation Therapy (MRT) services to reduce recidivism rates.

07 Launching the Innovative Cardiovascular Health Program in coordination with La Paz Regional Hospital and ADHS, under a national award — creating a bi-directional referral system and implementing self-monitored blood pressure tracking and MTM (phone pharmacy) services aiming for more controlled hypertension in the Quartzsite area.

08 Developed and implemented a Health Disparities Assessment Survey and currently integrating Social Vulnerability Index (SVI) data into program planning, implementation, and sustainability.

Community Health Assessment

MARICOPA COUNTY



Vision: Create a healthy, thriving Maricopa County for all.

Mission: The Maricopa County Department of Public Health (MCDPH) increases the quality of life for our residents by collaborating with the community to develop and implement strategies, programs, and services addressing the emerging and changing needs of public health.

Website: www.maricopahealthmatters.org

CHIP PRIORITIES

1. Access to Care
2. Access to Healthy Food
3. Early Childhood Development

Date published: 2020, update to be published June 2024.

COMMUNITY PROFILE

- **4,420,568** Population
- **9,202.0** Geography square miles
- **37.4** Median age
- **$83,747** Median household income

COMMUNITY INVOLVEMENT

Maricopa County works with many community partners, particularly through the Health Improvement Partnership of Maricopa County. We conducted a COVID-19 Impact Survey in 2021 to add as a supplement to the 2020-2023 Community Health Needs Assessment (CHNA). We conducted data collection for 2024-2026 over the past year and the document will be published this year. Information about our CHNA/CHIPs past and present can be found at: www.maricopahealthmatters.org

Maricopa County leads a partnership called the Synapse coalition which represents five hospitals and four Federally Qualified Health Centers (FQHCs). The Synapse coalition collaborates on conducting a coordinated needs assessment by providing funding, guidance, and assistance with data collection.

MCDPH works with each Synapse partner to complete organization-specific needs assessments along with the county-wide needs assessment. You can find more information about the Synapse partnership here: https://www.maricopa.gov/5102/Synapse

MCDPH partners with other AZ counties through the NACCHO Academy of Science (AOS).

MAJOR PUBLIC HEALTH SUCCESSES

01 10+ years of collaboration through Synapse — successful healthcare/public health sector partnership that won a NACCHO Model Practice Award in 2023.

02 Increasing CHNA survey participation both in quantity and quality. In 2023 we collected over 18,000 surveys in 14 different languages, reflecting the diversity of the county by region and demographics.

03 Creating the Voices of Maricopa County dashboard to share experiences submitted by the public in the 2021 COVID-19 impact survey. This has been a resource for the community to see their voices reflected and to tell the story of COVID through both data and quotes.

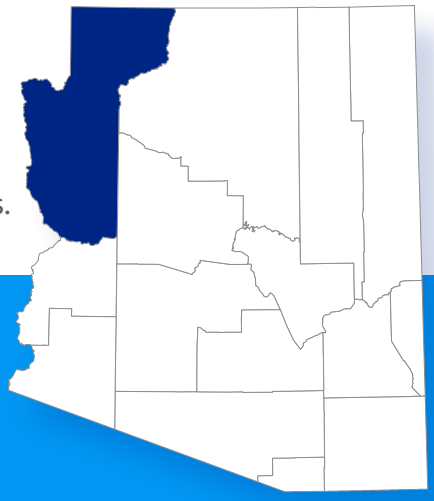
Community Health Assessment

Community Health Improvement Plan

MOHAVE COUNTY

Vision: Healthy people in healthy communities.

Mission: To promote, protect, and improve the health of our communities.



CHIP PRIORITIES

1. Mental Health
2. Substance Use Disorders
3. Healthy Living (Obesity, Diabetes, Nutrition, Exercise, etc.)
4. Teen Pregnancy Prevention
5. Access to Healthcare & Social Services

Date published: 2020, update to be published in 2025.

COMMUNITY PROFILE

- **213,267** Population
- **13,332.1** Geography square miles
- **53.0** Median age
- **$54,786** Median household income

COMMUNITY INVOLVEMENT

The Mohave County Department of Public Health is leveraging relationships with community partners, a local non-profit hospital, as well as county-wide coalitions to help spread the word about the CHNA.

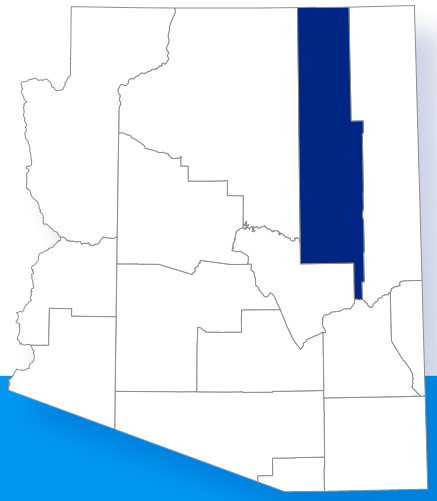
MAJOR PUBLIC HEALTH SUCCESSES

The Mohave County Department of Public Health has nearly quadrupled the CHNA survey responses this year. In doing so they have confirmed several partners' commitment to seeing this effort succeed, demonstrating the value of their relationship-building efforts in the community.

Community Health Assessment

Community Health Improvement Plan

NAVAJO COUNTY



Vision: The Navajo County Public Health Services District (NCPHSD) is pioneering the way to ensure a healthier community.

Mission: Our mission is to promote and protect public health through education, prevention, and partnerships.

CHIP PRIORITIES

1. Social Determinants of Health
2. Substance Use
3. Mental Health
4. Sexually Transmitted Infections
5. Chronic Disease

Date published: 2023.

COMMUNITY PROFILE

- **106,717** Population
- **9,949.5** Geography square miles
- **39.3** Median age
- **$49,487** Median household income

COMMUNITY INVOLVEMENT

NCPHSD is proud of their partnerships they have been able to develop and expand through their CHA and CHIP. The NCPHSD has established great partners with their CHA/CHIP steering committee as well as their workgroups, which are addressing the health priorities identified through the CHNAS and CHA. Many representatives in these workgroups represent a variety of organizations, including nonprofit organizations, schools, healthcare, government, justice, and nonprofit hospitals.

MAJOR PUBLIC HEALTH SUCCESSES

01 The NCPHSD's first success was conducting their CHNAS. The survey utilized Qualtrics and was conducted from February 1 to April 3, 2023. It was open to any Navajo County resident 18 years or older. The survey was available through a QR code, URL link, and by paper and was completed by 2,393 survey respondents.

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02 The NCPHSD successfully completed CHA and CHIP reports. The health department worked tirelessly to get these documents completed and published with internal staff and they are proud of the finished product.

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03 The NCPHSD is also proud of the workgroups they have created to address the health priorities of our community. There are a total of five health priorities in our CHIP with five corresponding workgroups. These workgroups consist of key organizations and members from our community who are working collaboratively to address the needs of our community.

Community Health Assessment

Community Health Improvement Plan

PIMA COUNTY

Vision: A Healthy Pima County — Everyone. Everywhere. Everyday.

Mission: The mission of the Pima County Health Department is to ensure the health, safety, and well-being of our community through leadership, collaboration, and education.

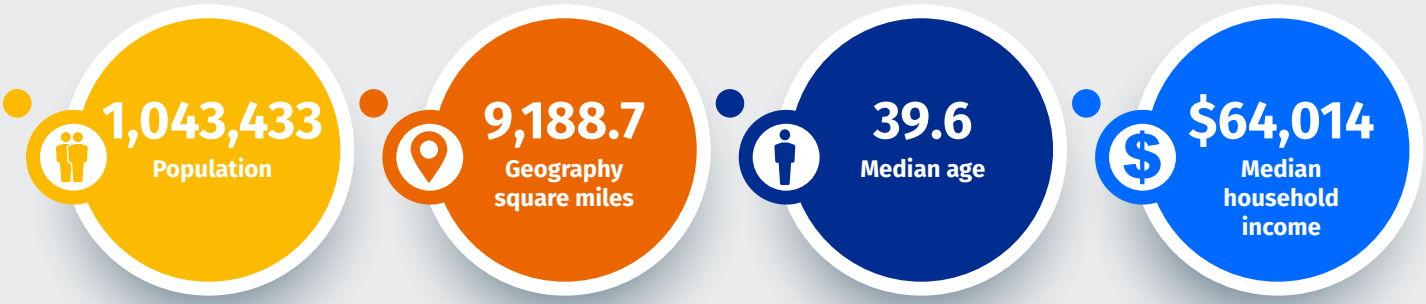
Website: www.healthypima.com

CHIP PRIORITIES

1. Behavioral & Mental Health
2. Substance Use Disorder
3. Access to Care
4. Social Determinants of Health, Particularly Transportation, Poverty, and the Built Environment

Date published: 2022.

COMMUNITY PROFILE



COMMUNITY INVOLVEMENT

Healthy Pima is Pima County's community health improvement planning initiative, comprised of individuals, community-based organizations, local business, and stakeholders across sectors within the county that have come together comprised of stakeholders across sectors within the county, individuals, community-based organizations, and local businesses that have come together to improve community health by mobilizing resources, increasing awareness, promoting policy, system, and environment changes, and taking collective action to advance health equity.

Community Health Assessment

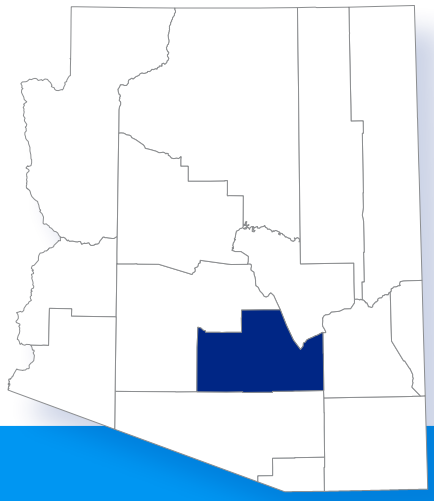
Community Health Improvement Plan

PINAL COUNTY

Vision: A healthy Pinal County with thriving, connected, and resilient communities where everyone has the opportunity to reach their full potential.

Mission: Promote, protect, and improve the health and well-being of all in our community.

Website: www.healthy.pinal.gov

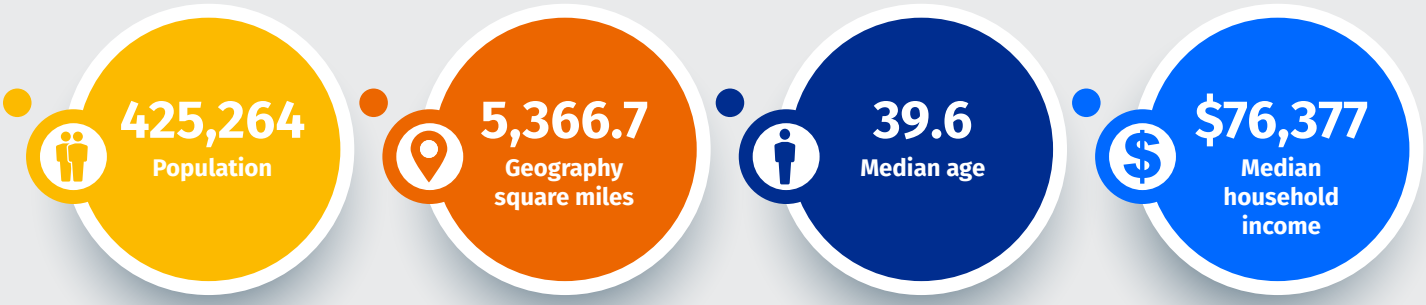


CHIP PRIORITIES

1. Access to Clinical Care
2. Behavioral Health
3. Healthy Living

Date published: 2023.

COMMUNITY PROFILE



COMMUNITY INVOLVEMENT

Pinal County Public Health (PCPH) partners with their hospital system (Banner) and FQHC (Sunlife) to conduct the community health needs assessment, and develop the community health improvement plan. Social service agencies, behavioral health professionals, faith-based leaders, and elected officials, and local businesses are invited to participate in goal setting and implementation.

MAJOR PUBLIC HEALTH SUCCESSES

PCPH has moved to a three-year strategic planning cycle in order to mirror the hospital system and FQHC requirements.

Community Health Assessment

Community Health Improvement Plan

SANTA CRUZ COUNTY

Vision: Optimal health, wellness, and safety for all Santa Cruz County residents.

Mission: Using the most effective and efficient means available, including education and prevention services, to promote individual and group actions and choices that produce the highest possible level of public and environmental health.

CHIP PRIORITIES

1. Access to Healthcare
2. Healthy Weight & Diabetes
3. Adolescent Pregnancy

Date published: 2013, update to be published in 2026.

COMMUNITY PROFILE

- **47,669** Population
- **1,236.2** Geography square miles
- **37.3** Median age
- **$51,885** Median household income

COMMUNITY INVOLVEMENT

The County of Santa Cruz Health Services Agency works closely with the hospital, community health center and Emergency Management Office.

MAJOR PUBLIC HEALTH SUCCESSES

01 Collaborated with hospital, community health center, emergency medical services (EMS), emergency medicine (EM), and other partners to provide COVID-19 vaccine point of dispensing (POD) sites.

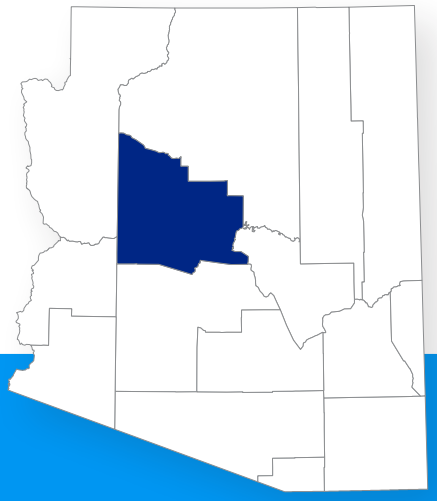
02 County public health took COVID-19 vaccines to schools in the community.

03 Conducted a multi-jurisdictional infectious disease tabletop exercise in September 2023.

04 Opened county vaccine clinic in November 2023, offering VFC and VFA.

Community Health Improvement Plan

YAVAPAI COUNTY



Vision: Yavapai County residents will have the opportunity to optimize their health and well-being.

Mission: Yavapai County Community Health Services will provide leadership, information, and services that contribute to improving the health and well-being of Yavapai County residents.

CHIP PRIORITIES

Quad Cities

1. Access to Care & Resources
2. Safe & Accessible Transit
3. Mental Health

Verde Valley

1. Access to Healthcare
2. Access to Affordable Housing
3. Access to Mental Health Resources
4. Access to Nutrient-Dense Local Foods

Date published: 2023.

COMMUNITY PROFILE

- **236,209** Population
- **8,122.9** Geography square miles
- **55.0** Median age
- **$63,936** Median household income

COMMUNITY INVOLVEMENT

From July 2022 through October 2022, stakeholders in the Yavapai County Community Health Services (YCCHS) engaged in a community-driven process to identify and address the most pressing health issues facing residents. The YCCHS has over 80 community partners, including the hospital.

MAJOR PUBLIC HEALTH SUCCESSES

- New affordable housing complexes
- Mobile units for rural communities
- Community connection progress

Community Health Assessment

Quad City Community Health Improvement Plan

Verde Valley Community Health Improvement Plan

YUMA COUNTY

Vision: A healthy community that is engaged, empowered, and informed.

Mission: The mission of the Yuma County Public Health Services District is to provide services that prevent epidemics and the spread of disease, protect against environmental hazards, promote and encourage healthy behaviors, and assure accessibility of health services.

CHIP PRIORITIES

Administration

1. Health District Infrastructure/ Accreditation
2. Coordination with Community

Emergency Preparedness

1. Project Public Health Ready (PPHR) updates (other plan updates)
2. Education & Communication Development (Internal – Health District & External – Community)

Health Promotions

1. Chronic Disease
2. Injury Prevention (Adolescent, Health & Aging Populations)

Environmental Health

1. Food Safety (Education/Training for Restaurant Managers)
2. Increase Technology for Vector

WIC

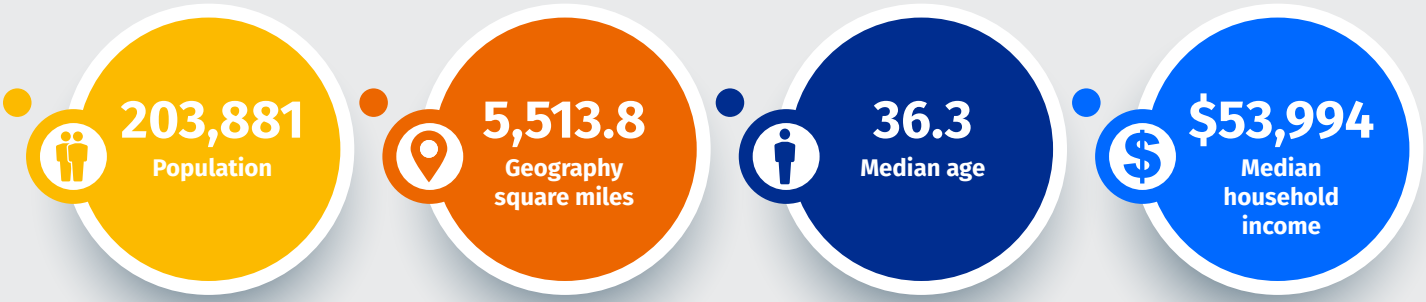
1. Increase Technology
2. Childhood Obesity

Nursing

1. Increase Technology (Medical Records)
2. Disease Reporting (Coordination & Communication with Providers)
3. Adult Immunizations

Date published: 2015, update to be published in 2026.

COMMUNITY PROFILE



MAJOR PUBLIC HEALTH SUCCESSES

Control and prevention of infectious disease, public health preparedness and response, and vaccination efforts.

Community Health Assessment

Community Conversations Report & Discussion Guide

COMMUNITY HEALTH CONVERSATIONS

· REPORT ·

A Summary of Focus Group Findings to Inform the State Health Assessment (SHA) and the Arizona Health Improvement Plan (AzHIP)

PINNACLE PREVENTION

Submitted to:
Arizona Department of Health Services (ADHS)
February 2024

484 W. Chandler Blvd. Chandler, AZ 85225
480.307.6360
www.pinnacleprevention.org

Arizona Department of Health Services (ADHS) Community Health Conversations Report

A Summary of Focus Group Findings to Inform the State Health Assessment and the Arizona Health Improvement Plan (AzHIP)

February 2024

Prepared By

PINNACLE PREVENTION

ACKNOWLEDGEMENTS

This report was prepared by Pinnacle Prevention, an Arizona-based nonprofit organization, dedicated to cultivating a just food system and opportunities for joyful movement. Pinnacle Prevention would like to thank the following organizations for their assistance in the coordination, hosting, and recruitment of the community health conversations:

- Barrio Viejo Elderly Housing
- Diverse Ability Incorporated
- Frame the Message Ink
- International Rescue Committee (IRC) Phoenix
- MANA House (Catholic Charities)
- Native Lifeway
- Raising Special Kids
- Splinter Collective
- The Lived Black Experience
- The Southside Community Association and the Murdoch Center
- Tucson Clean & Beautiful
- Tucson Unified School District (TUSD) Menlo Family Resource Center
- Tucson Unified School District (TUSD) Mexican American Student Services

Perspectives and experiences shared in this report are not reflective of Pinnacle Prevention or the Arizona Department of Health Services. This report reflects the health experiences, needs, and perspectives of community members across Arizona.

I. INTRODUCTION

In alignment with the State Health Assessment (SHA) and the Arizona Health Improvement Plan (AzHIP) process, Pinnacle Prevention collaborated with the Arizona Department of Health Services (ADHS) to conduct community engagement with community members across Arizona to listen and learn how centered groups define health through the lens of their unique lived experience, understand perspectives on facilitators and barriers that impact health and wellbeing, assess health priorities from the perspective of community, and to learn what community members would like to see public health collaborations prioritize in the next five-year AzHIP implementation period.

It is recognized that no single community or group can be viewed as sharing the same singular views based on identity alone. Individuals hold multiple identities that are deeply intertwined with unique experiences influenced by multiple factors including race/ethnicity, age, gender expression, national origin, sexual orientation, ability, family, language, income, religion, education, body size, and more. The summary of findings represented in this report center different audience groups and reflect themes within their unique experiences that may reflect larger societal experiences that influence health outcomes.

This information is intended to be used to inform planning efforts, grant funding and program implementation opportunities, and overall continuous quality improvement to ensure that services are being designed and delivered in a way that is most meaningful and impactful to community.

II. METHODOLOGY

Pinnacle Prevention utilizes a community-based participatory research (CBPR) method for all community engagement efforts. A CBPR model allows for authentic engagement with trusted partners supporting opportunities for community to work alongside public health stakeholders to co-design more impactful shared health outcomes. This methodology allows for the integration of perspectives and needs prioritized by communities that are often not considered or left out of institutional decision-making. Participatory processes that offer authentic engagement offer great significance in improving health outcomes among underrepresented populations disproportionately impacted by health disparities. The CBPR engagement process contributes to improved trust building, capacity building, and copowerment in translating needs and findings into policy development and implementation of more impactful public health initiatives.

For the purposes of informing the SHA and AzHIP the community health conversations engagement efforts centered on the following audience groups:

i. Adolescents
ii. Aging Adults
iii. Black/African American
iv. Indigenous
v. Individuals Experiencing Houselessness
vi. Latino/Latina/Latine/LatinX
vii. LGBTQIA+
viii. People Living with Disabilities and Caregivers of Children with Special Healthcare Needs
ix. Refugees
x. Veterans

Individuals experiencing houselessness were not originally a centered population group identified by ADHS. This group was added as an additional centered audience as identified by Pinnacle Prevention as the team was hearing themes that were emerging among other groups that were naming and prioritizing the needs of individuals who are unsheltered. Therefore, Pinnacle Prevention felt it was important to have their voices centered in naming their own experiences and needs. Identities were deeply intertwined among all of the ten centered groups with many participants identifying with two or more of the centered groups. Participants were able to self-select into the conversation that supported both a place that felt most comfortable to share and based on availability and location of the conversation.

Community health conversations were conducted in Flagstaff, the Phoenix-metro region, and Tucson to gather statewide perspectives. Conversations were offered with in-person options and virtual options based on needs, availability, and recommendations of partnering host sites. Recruitment partners and host sites were selected based on connection with the centered audience and recognition as a trusted partner within the community. Facilitation was offered in English, Spanish, Dari/Farsi, and Ukrainian based on the language preferences and needs of the centered audience. Some facilitation was led by individuals representing a shared identity of the community to better support safety and trust. Graphic facilitation was also utilized to capture a graphic rendering of themes heard from each of the ten centered groups.

A total of 22 community health conversations were conducted which engaged a total of 224 individuals. The average focus group size was 10 people. Other than screening

around meeting criteria for the centered audience through recruitment sites and partners, no additional demographic data was collected. This was intentional as the community has communicated that sharing age, ethnicity, and personal economic data feels intimidating.

The goals of the community health conversations were to:

1. Understand what health means to community.
2. Understand what community assets and strengths currently exist that support community in being healthy/healthier and what barriers or challenges impact wellbeing.
3. Understand what community would like to see public health leaders and decision-makers prioritize in future public health initiatives.

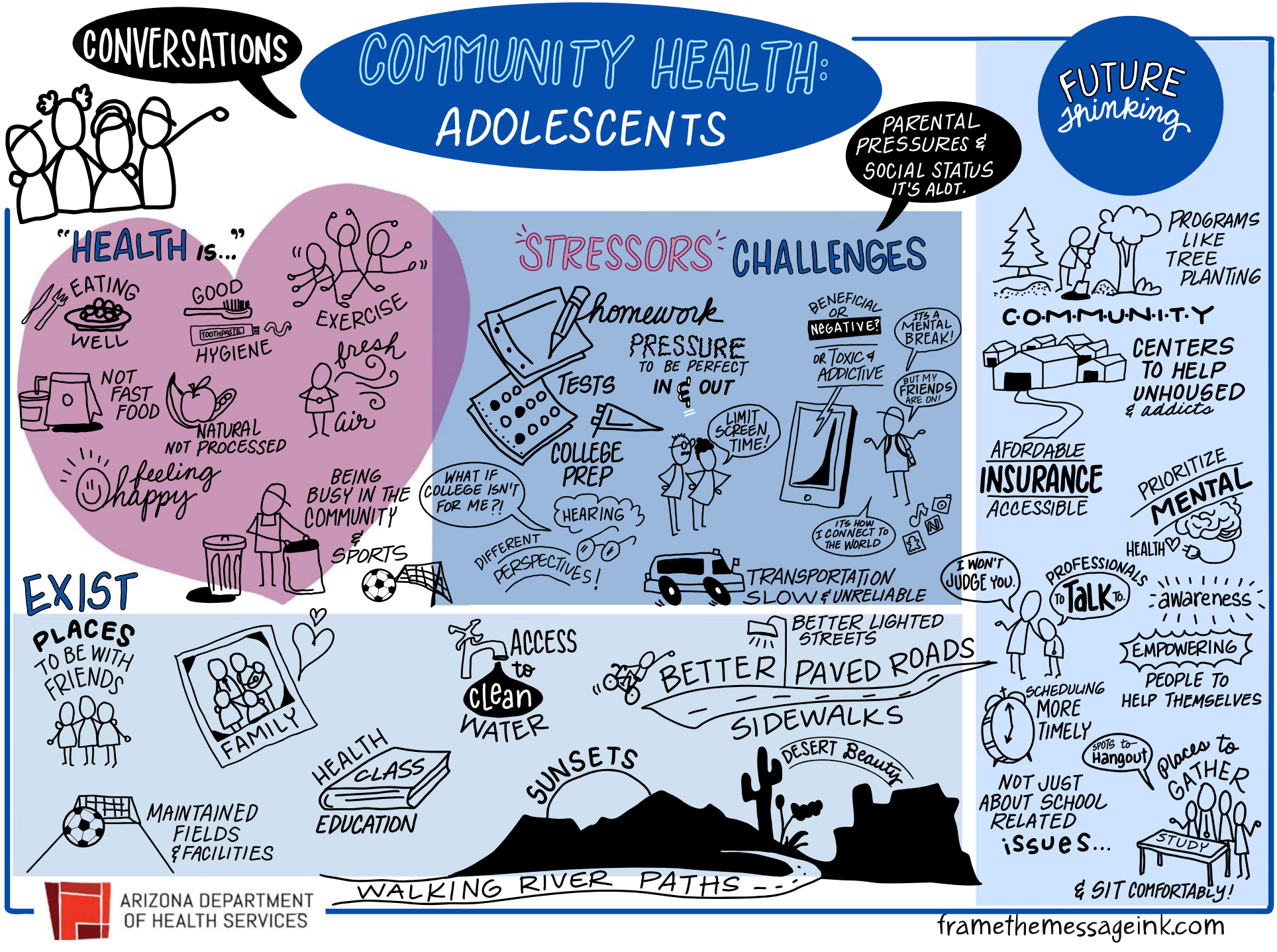
To protect the identities of participants, findings have been compiled and reported collectively. All discussions were recorded and transcribed. Transcribed discussions from each focus group were analyzed through categorization analysis consistent with standard qualitative research protocols. Using this technique, categories within the text were then developed into major themes representative of the data. Those themes were then linked with examples and quotes from the discussions. Data were also analyzed for any unique findings specific to a particular demographic or centered audience. General discussion themes were categorized for each of the centered population groups and also analyzed for general themes as a whole across all groups. There were some noted differences in perceptions and needs within groups as indicated in participant comments, but not in overall trends by group.

A summary of findings was categorized into the following four overarching areas for each group as well as comprehensively for all groups:

- Defining health
- Community assets
- Community stressors/barriers/challenges
- Future-thinking

III.

SUMMARY OF FINDINGS BY CENTERED AUDIENCE


CONVERSATIONS
COMMUNITY HEALTH: ADOLESCENTS
FUTURE thinking
PARENTAL PRESSURES & SOCIAL STATUS IT'S ALOT.
"HEALTH IS..."
EATING WELL
GOOD HYGIENE
TOOTHPASTE
EXERCISE
NOT FAST FOOD
NATURAL NOT PROCESSED
fresh air
feeling happy
BEING BUSY IN THE COMMUNITY & SPORTS
STRESSORS CHALLENGES
homework
PRESSURE TO BE PERFECT IN & OUT
TESTS
COLLEGE PREP
WHAT IF COLLEGE ISN'T FOR ME?!
HEARING
DIFFERENT PERSPECTIVES!
LIMIT SCREEN TIME!
BENEFICIAL OR NEGATIVE?
OR TOXIC & ADDICTIVE
IT'S A MENTAL BREAK!
BUT MY FRIENDS ARE ON!
IT'S HOW I CONNECT TO THE WORLD
TRANSPORTATION SLOW & UNRELIABLE
PROGRAMS LIKE TREE PLANTING
C·O·M·M·U·N·I·T·Y
CENTERS TO HELP UNHOUSED & addicts
AFFORDABLE INSURANCE ACCESSIBLE
PRIORITIZE MENTAL HEALTH
I WON'T JUDGE YOU.
PROFESSIONALS To Talk To.
awareness
EMPOWERING PEOPLE TO HELP THEMSELVES
SCHEDULING MORE TIMELY
NOT JUST ABOUT SCHOOL RELATED issues...
spots to Hangout
places to GATHER
STUDY
& SIT COMFORTABLY!
EXIST
PLACES TO BE WITH FRIENDS
FAMILY
ACCESS to clean WATER
BETTER LIGHTED STREETS
BETTER PAVED ROADS
SIDEWALKS
HEALTH CLASS EDUCATION
MAINTAINED FIELDS & FACILITIES
SUNSETS
DESERT Beauty
WALKING RIVER PATHS
ARIZONA DEPARTMENT OF HEALTH SERVICES
framethemessageink.com

i. ADOLESCENTS

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Adolescent Community Health Conversation Participants Define Health

When asked what being healthy personally means to adolescents many described health through a comprehensive lens inclusive of physical, mental, and emotional health. They shared perspectives on what they are taught about health in school as well as reflected on what the environments they surround themselves in offer to support their health. They frequently reflected on the school environment as well as community environments where they gather with peers. The outdoor environment was frequently named as a positive contributor to health.

Adolescents were asked to reflect on what being healthy feels like, beyond just what they think being healthy is. When asked what being healthy feels like adolescents described feelings of happiness, not feeling pain in any parts of their bodies, feeling clean, and feeling rested. Eating well and exercise were also frequently mentioned as contributors to feeling healthy. When asked what they define as eating well and exercise adolescents mentioned wanting 'natural' foods versus 'fast' food and exercise preferences often included engaging in sports, with soccer frequently being mentioned as a sport that supports health.

Adolescents also described how the people that they surround themselves with influence their health. They reflected on peer influence both through their friendship circles and through social media. Conversations around the impact of how social media influences how they define health held a neutral theme. Some participants shared beneficial experiences with social media, such as being a source of mental escape and a source of health information sharing. Other participants shared negative experiences with social media describing it as toxic and addictive and contributing to information overwhelm.

THROUGH THE LENS OF ADOLESCENTS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing adolescents identified access to the outdoors, including an appreciation for beautiful sunsets and landscapes, walking paths, clean water, school, and family as assets that support health. Well-maintained soccer fields were identified as an important community asset to support health. Adolescents discussed the importance of places to be with friends in the community as a contributor to wellbeing. When asked what those places are adolescents had difficulty identifying existing spaces beyond the school environment or studying spaces. They frequently described a desire to connect with and contribute to community as an important asset that supports wellbeing. They described a desire to participate in community clean-up projects and tree planting opportunities.

"PROGRAMS LIKE TREE PLANTING AND OPPORTUNITIES TO ENGAGE IN AND WITH THE COMMUNITY ARE IMPORTANT TO ME."

– ADOLESCENT PARTICIPANT

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health adolescents shared stress over pressures to perform or succeed. They discussed feeling pressure to be successful in school, work, sports, and socially. They reflected on some of the pressures being self-imposed and other pressures being experienced from family or society. They discussed societal expectations of going to college and feeling like it is frowned upon if you don't want to go to college.

"HIGH SCHOOL IS WHEN YOU ARE FIGURING YOURSELF OUT AND TRYING TO WORK AND TRYING TO MAINTAIN A SOCIAL NETWORK WITH FRIENDS. IT'S A LOT. PARENTS DEMANDS AND FINANCES AND PRESSURE OF SOCIAL STATUS ARE A LOT. THERE'S NO HELP FOR THIS MENTALLY AND EMOTIONALLY AT SCHOOL."

– ADOLESCENT PARTICIPANT

Adolescents also described challenges with community design that are not contributing to their health. They discussed familiarity with hostile architecture (defined as intentional exclusionary design in urban settings intended to curtail 'undesirable' use) and how that limits places for youth to sit and gather. Many discussed relying on public transportation, but finding public transit to be unreliable, lacking shade at bus stops, and not feeling as though buses are clean or well maintained. They also discussed the importance of more accessible walking spaces with a need for sidewalks and trails that are well-lit and better maintained. They also talked about the importance of having more accessible and clean public restrooms available where they don't feel like they must spend money at a private business just to use the restroom.

When asked what they do to cope with their stressors and challenges adolescents described outlets that included going on walks, listening to music, sleeping, drawing, and talking with friends. All participants agreed on the importance of having mental health services at schools with counselors that were more accessible and more available for emotional and mental support, not just academic advising, and guidance. It was felt that mental health resources through schools were lacking. Insurance and cost barriers were cited as concerns for accessing mental health support outside of school.

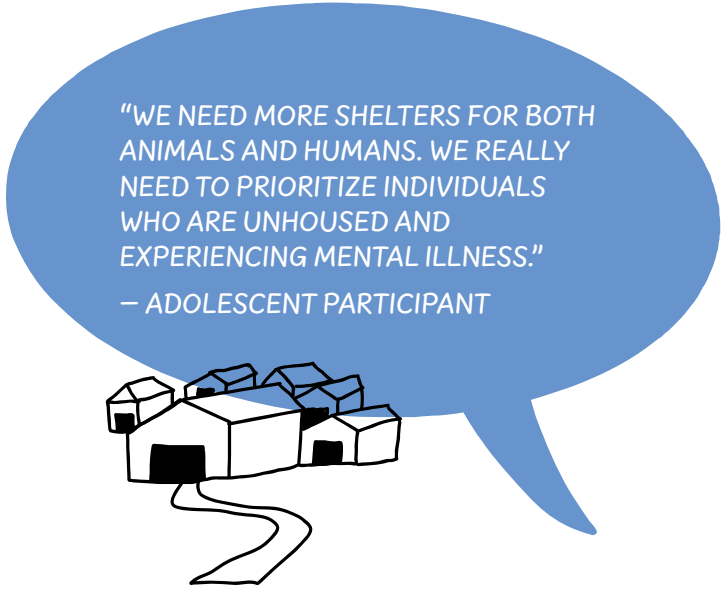
Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing

adolescents described simply ‘having more opportunities like these where we talk to each other, and you hear us.’ They also discussed the importance of having more amenities for teens to gather and ‘hang out’ that do not have costs or fees associated. They discussed the importance of spaces and people to talk to for mental support and not having insurance be a barrier to talking to someone. Some adolescents were familiar with navigating insurance and others did not have experience with insurance, but still viewed it as a barrier to support.

They shared a desire for community leaders to do more to maintain a clean and healthy environment. They want to see more trees planted and they want to be a part of that process. They want to see well maintained parks and facilities and access to quality sports equipment at schools to stay active.

They also shared a strong empathy for challenges among folks who are unsheltered. Some youth described being unsheltered themselves, others were recently transitioned into housing, and others described experiences with stable home environments. They felt that addressing the housing crisis should be prioritized to benefit everyone.

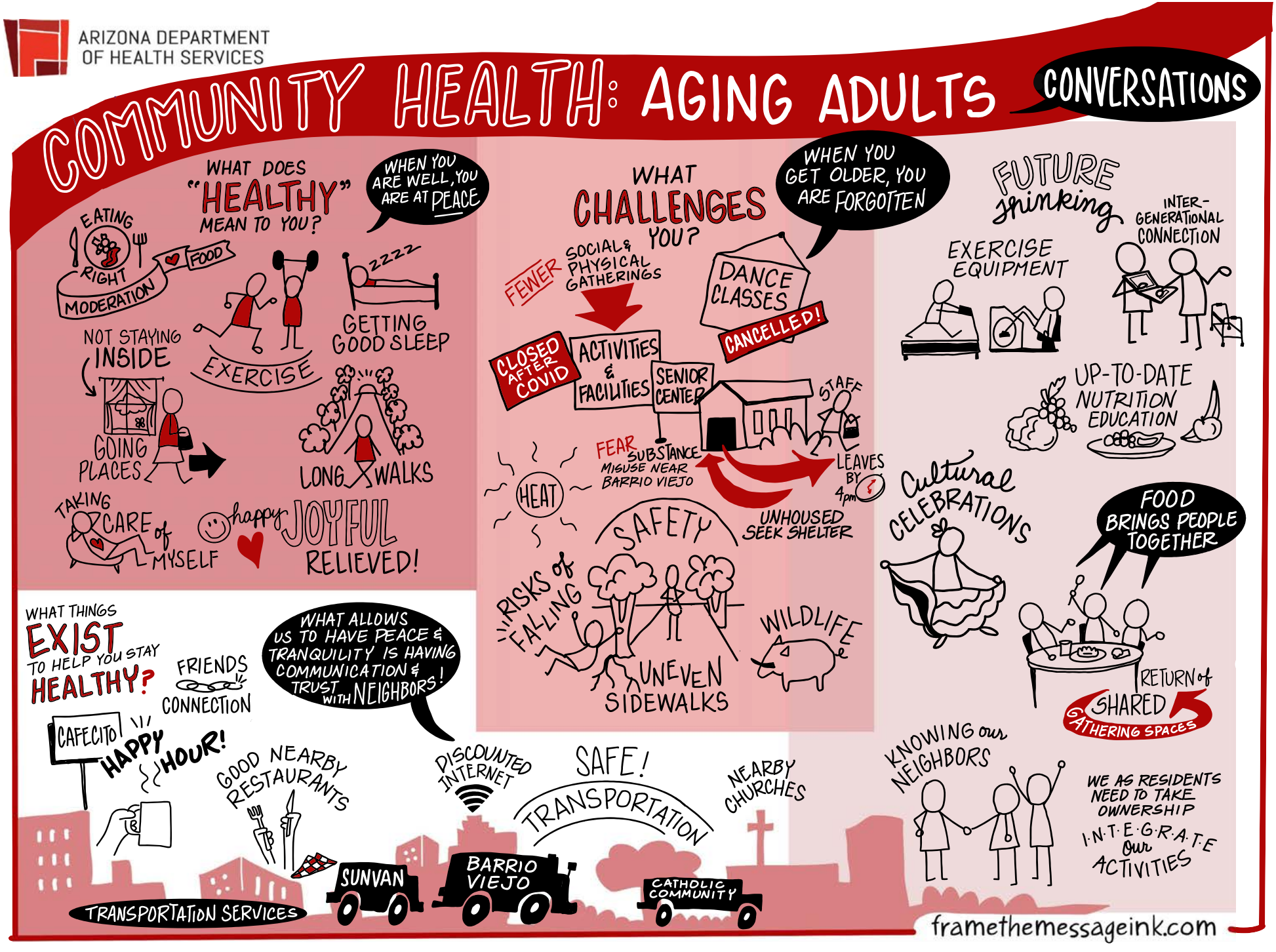


OVERALL THEMES

Among Adolescent Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among adolescent participants in the community health conversations:

- Mental health is a priority.
- Family, school, and societal pressures to succeed are impacting health.
- Connection is important. Friends and sports are a source of connection.
- There is a strong awareness of community design and how it impacts health.
- There is a strong desire to support others with consideration for ‘health and wellbeing for ALL.’


ARIZONA DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH: AGING ADULTS CONVERSATIONS
WHAT DOES "HEALTHY" MEAN TO YOU?
WHEN YOU ARE WELL, YOU ARE AT PEACE
EATING RIGHT
FOOD
MODERATION
EXERCISE
GETTING GOOD SLEEP
NOT STAYING INSIDE
GOING PLACES
LONG WALKS
TAKING CARE of MYSELF
happy
JOYFUL
RELIEVED!
WHAT CHALLENGES YOU?
WHEN YOU GET OLDER, YOU ARE FORGOTTEN
FEWER SOCIAL & PHYSICAL GATHERINGS
DANCE CLASSES
CANCELLED!
CLOSED AFTER COVID
ACTIVITIES & FACILITIES
SENIOR CENTER
STAFF
FEAR SUBSTANCE MISUSE NEAR BARRIO VIEJO
LEAVES BY 4pm
HEAT
UNHOUSED SEEK SHELTER
SAFETY
RISKS of FALLING
WILDLIFE
UNEVEN SIDEWALKS
FUTURE thinking
EXERCISE EQUIPMENT
INTER-GENERATIONAL CONNECTION
UP-TO-DATE NUTRITION EDUCATION
Cultural CELEBRATIONS
FOOD BRINGS PEOPLE TOGETHER
RETURN of SHARED GATHERING SPACES
WHAT THINGS EXIST TO HELP YOU STAY HEALTHY?
FRIENDS CONNECTION
CAFECITO HAPPY HOUR!
WHAT ALLOWS US TO HAVE PEACE & TRANQUILITY IS HAVING COMMUNICATION & TRUST WITH NEIGHBORS!
GOOD NEARBY RESTAURANTS
DISCOUNTED INTERNET
SAFE! TRANSPORTATION
NEARBY CHURCHES
KNOWING our NEIGHBORS
WE AS RESIDENTS NEED TO TAKE OWNERSHIP
I·N·T·E·G·R·A·T·E Our ACTIVITIES
TRANSPORTATION SERVICES
SUNVAN
BARRIO VIEJO
CATHOLIC COMMUNITY
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ii. AGING ADULTS

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Aging Adult Community Health Conversation Participants Define Health

When asked what being healthy personally means to aging adults it was often described in terms of what an individual does. This included 'eating right'. When asked to define what 'eating right' is participants described flexibility in eating anything but doing so in moderation. There was consensus that eating what an individual wants to eat and having options is healthy. Aging adults also defined health in terms of medication management with an appreciation for both not having to take medication when not necessary and also taking the correct and prescribed medication appropriately. Participants also defined health as the ability to move safely and without pain.

When asked what being healthy feels like, participants described feelings of happiness, relief, and joy. They further described opportunities to socialize with each other and the importance of having good neighbors as factors that contribute to feeling healthy. They discussed being able to get good uninterrupted sleep and the value of being able to wake up and walk around the neighborhood as providing happiness and joy and supporting wellbeing.

THROUGH THE LENS OF AGING ADULTS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing, aging adults discussed the value of 'cafecito' or coffee hour. During this time neighbors come out of their houses and enjoy coffee and conversation with each other. They also discussed strengths including having family and friends nearby for connection. Some aging adults discussed the challenges of having family and friends pass away, but then also named churches as important assets to maintain connections. Having good restaurants nearby was also valued as places to both enjoy good food and connect with others.

"BUS AND VAN SERVICES ARE VERY IMPORTANT TO US. IT IS NICE THAT THEY PICK US UP RIGHT HERE IN BARIO VIEJO."

— AGING ADULT PARTICIPANT

Senior transportation services were named as an important valued asset. This included services provided through the cities and towns, such as Sun Van in Tucson, and services provided through senior housing and senior community centers. Many elders discussed no longer driving or having access to a car; therefore, senior transportation services were viewed as critical for getting to doctors' appointments and picking up groceries. Some described also taking public transit, but reflected on challenges in relying on public transit in the summer heat or when the place that you need to go requires more than one stop or a bus change as challenging to navigate.

Aging adult community health conversation participants also discussed the importance of internet access for supporting wellbeing. They shared the value of when senior housing sites offer discounted internet. There was discussion of fears of discounted internet access no longer being available and that cost barriers would result in lack of access. The Internet was relied upon for researching health information, accessing providers and medical portals, and for overall enjoyment of online entertainment offerings.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health, aging adults shared stress associated with feelings of safety. When asked about what factors contribute to feeling unsafe participants shared concerns about encountering wildlife when going for walks, such as javelinas and coyotes. They further described experiences with sidewalks that are not well maintained and fears of falling. This feels especially challenging if an individual is moving with wheels, such as a walker, wheelchair, or stroller. They shared challenges with tree roots coming through the sidewalks and resulting in uneven walking paths. Participants felt unclear about who was responsible for maintaining sidewalks to correct the challenge. They also reflected on perceptions of increasing numbers of individuals who are unsheltered near senior living centers and community centers through the lens of safety. They further discussed the high cost of living and associating that with increased numbers of individuals who are unsheltered. They described feeling unsafe when mental health needs of individuals who are unsheltered are not supported. Aging adults also shared concerns about substance misuse in their community and described experiences with finding drug paraphernalia on sidewalks and near their homes. It was felt that when staff at community centers and housing sites leave at the end of the day it feels unsafe to walk in the early evenings.

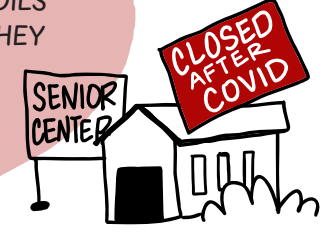
"WE WOULD BENEFIT IF THE CITY POLICE INCLUDED CHECKING THIS NEIGHBORHOOD IN THEIR ROUTES AND TAKING PREVENTATIVE MEASURES RATHER THAN SHOWING UP JUST WHEN THERE IS A PROBLEM."

— AGING ADULT PARTICIPANT

"OUR NEIGHBORHOOD IS BARRIO SIN NOMBRE (WHICH MEANS BARRIO WITH NO NAME), BUT IT FEELS LIKE WE ARE THE LOST BARRIO. WHEN YOU GET OLDER YOU ARE FORGOTTEN. IT BOILS DOWN TO PUTTING SENIORS TO THE SIDE. THEY HAVE FORGOTTEN ABOUT US SINCE COVID."

— AGING ADULT PARTICIPANT

Aging adults also emphasized the challenges of no longer having access to gathering spaces that closed during



COVID and never reopened. They felt that isolation has been a negative result of lack of gathering spaces. They expressed a desire for spaces to dance together, sew together, exercise and move together, and just congregate for talking and connection.

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing aging adults emphasized the importance of nutrition classes that are tailored for their age. They want to feel aware of up-to-date nutrition and cooking information for disease management. They would also like to see community gathering events prioritized and return for mitigating issues with isolation among aging adults. They discussed the value of cultural celebrations and intergenerational engagement to support wellbeing. Participants described past experiences when high school students would come and offer technology support with the internet and computers and devices as something they appreciated and miss.

Finally, aging adults emphasized the importance of being part of the change they want to see. They want to feel active and engaged in the community. There was a strong desire for a sense of ownership that was a named value that felt important.

"WE AS RESIDENTS NEED TO HELP COME TOGETHER TO GET THINGS STARTED AND NOT POINT FINGERS. WE WANT TO BE PART OF CREATING COMMUNITY."

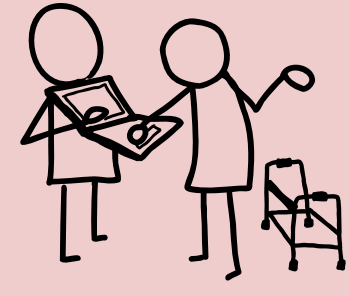
– AGING ADULT PARTICIPANT

OVERALL THEMES

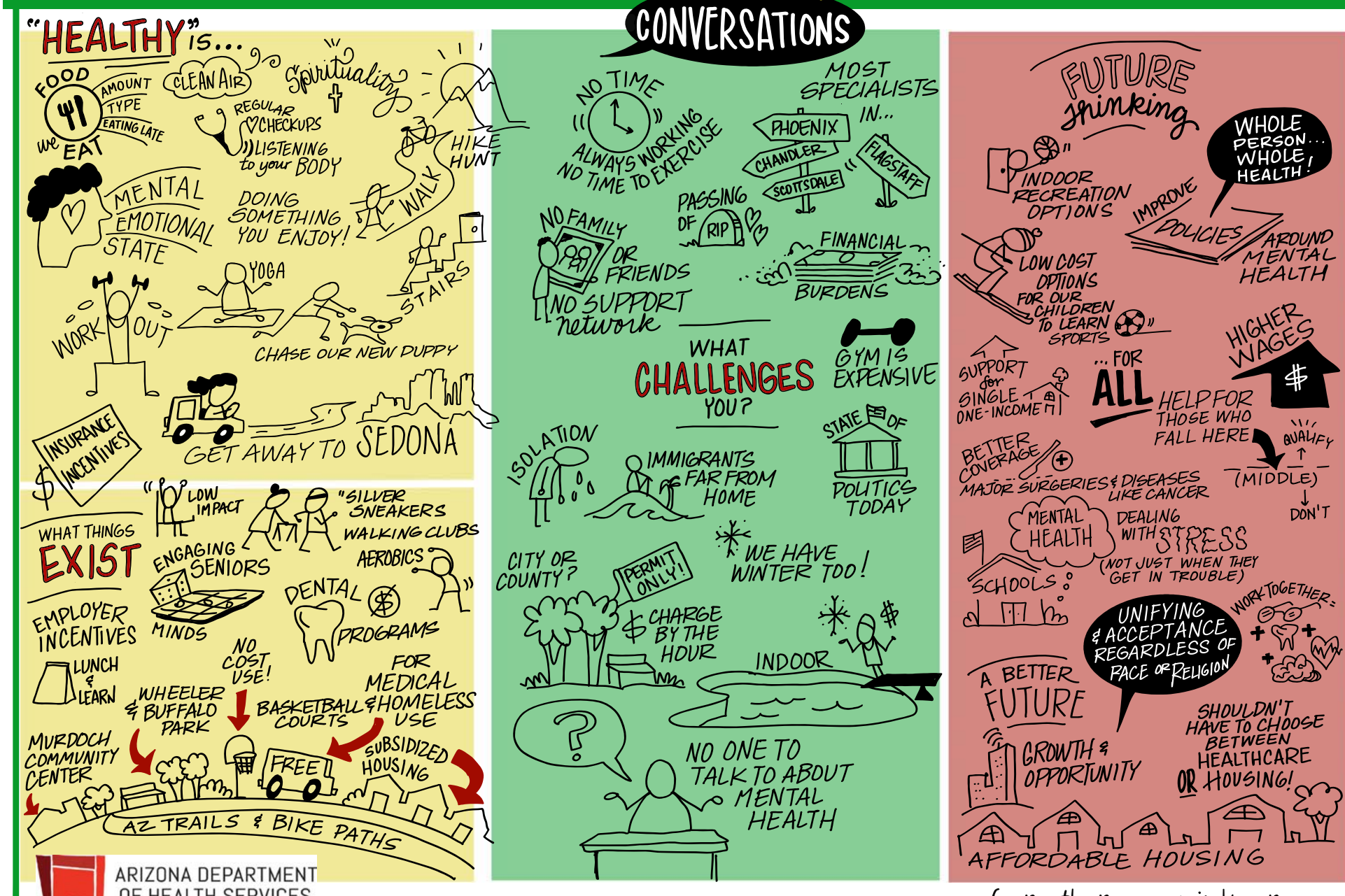
Among Aging Adult Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among aging adult participants in the community health conversations:

- There is a need and desire for more connection opportunities.
- Seniors have been disproportionately impacted by isolation that is felt to result from COVID closures. Shared gathering spaces are important.
- Transportation access is critical for independence among aging adults.
- Safety is a priority for supporting outdoor activities and movement for aging adults.



COMMUNITY HEALTH: BLACK/AFRICAN AMERICAN CONVERSATIONS



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iii. BLACK/AFRICAN AMERICAN
Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Black/African American Community Health Conversation Participants Define Health

When asked what being healthy personally means to Black/African American community health conversation participants many described health as physical, mental, and spiritual. The spiritual component of health was emphasized as a very important aspect of wellbeing. Participants also described the important connection between wellbeing and the outdoors. Arizona was felt to be a great place to support outdoor health opportunities. Reflections discussed the importance of air quality and the impact it has on being healthy from asthma to headaches, and just general wellbeing. Many participants shared experiences in moving to Arizona for the healthy climate and environment.

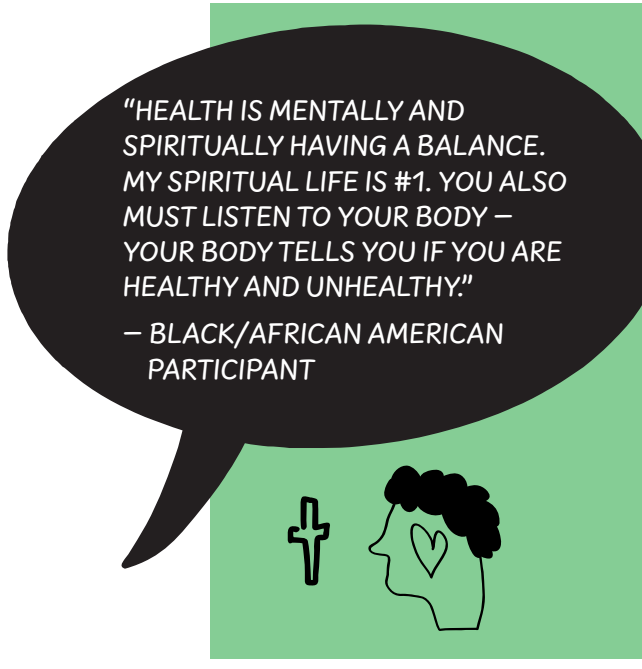
Participants also associated health with the importance of eating in moderation, limiting 'junk food', and opportunities to move their bodies. Participants shared less of a desire to participate in movement in formal gym environments and more of a desire to integrate movement into their daily life, such as using the stairs at apartments, walking, and hiking the trails.

Family structure and dynamics were also frequently mentioned as having an impact on health. There was emphasis on ensuring family members get along to avoid negative tensions that may build up. Participants emphasized the importance of having a 'healthy family unit.' Participants with children emphasized the importance of integrating children into defining what is healthy and ensuring that activities can be done as a family – especially in balance with busy work schedules.

THROUGH THE LENS OF BLACK/AFRICAN AMERICANS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing Black/African American participants



shared appreciation for insurance and benefits offered through employers as an asset. They shared an appreciation for workplace incentive programs that support health that include offsetting gym costs and worksite health challenges to help support accountability. An appreciation was also shared for workplace diversity programs and lunch n' learns to provide a safe space to share experiences which was felt to support mental wellbeing.

Participants also reflected on access to healthcare providers and medical systems. Having many medical services co-located in one area was felt to be a strength. Discussion included the importance of having medical services close together for those with limited time or transportation. Participants also shared appreciation for medical van services that help get people who are homebound or lacking transportation to important medical appointments.

Additional assets that support community health were appreciation for the outdoor environment, access to parks and trails systems, silver sneakers classes, and community centers were valued as places to connect and gather. Participants described the importance of each of these spaces being free or low cost to the community. It was felt that participation was limited at community sites with associated fees for usage.

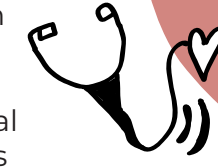
Finally, participants felt that there were many services that exist to support the health of individuals that are unsheltered including an appreciation for free check-ups and dental for those that they felt needed it most. It was felt that many nonprofits exist in Arizona that focus on individuals that are low income and help with subsidized housing which was felt to be a strong community asset.

"IF YOU GET CANCER, YOU WON'T SURVIVE FINANCIALLY. I HAVE GOOD INSURANCE, BUT I STILL WORRY ABOUT MAJOR SURGERIES BECAUSE YOU STILL MUST PAY A FORTUNE."

– BLACK/AFRICAN AMERICAN PARTICIPANT

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health Black/African American participants shared that financial stress is taking a toll on wellbeing. It was felt that things are only getting worse financially – from inflation to housing costs, food costs, and healthcare related expenses even when you have insurance. Participants described financial stress contributing to daily anxiety and not feeling like there are many ways to cope with the pressure. It was felt that wages are not keeping pace with the economy.



"I WORRY ABOUT EVERYTHING. WORRYING ABOUT LIFE. WHEN I WAKE UP, I WORRY. EVERYDAY SOMETHING HAPPENS. THIS IMPACTS MY BLOOD PRESSURE. IT TAKES A TOLL ON MY HEART."

– BLACK/AFRICAN AMERICAN PARTICIPANT

Related to financial stress, participants described how important outdoor activities are and that it feels as though they cannot fully take advantage of activities due to fees posing financial barriers. This was especially emphasized in relation to the importance of activities and spaces for children to be active. "Pay-to-play" was mentioned as a big barrier for kids' participation in youth sports. Participants described being priced out of activities including having to get permits or pay by the hour for community recreation space and not being able to access the many classes and opportunities offered by the city due to participation fees.

Black/African American participants also shared challenges related to accessing providers. Many participants shared having insurance, whether through AHCCCS or a private employer plan, but still experiencing long wait times to be seen, especially with specialists. Participants shared experiences with traveling long distances (50 miles or more) to get into see a specialty care health provider.

When asked what they do to cope with their stressors and challenges Black/African American participants described outlets that included going outdoors or calling a friend or family member. Some participants described the challenges of not having anyone to talk to or not feeling like they have a support network. It was felt that mental health resources were critically needed to offer more community support.

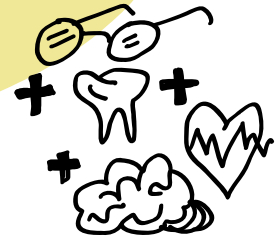
Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing Black/African American participants described the importance of free multi-use recreation spaces, especially free indoor recreation spaces for children offering basketball, soccer, swimming, and places to connect. It was also acknowledged that getting to these spaces can be a barrier, so it is important to have them embedded in neighborhoods.

Participants also shared the importance of having more comprehensive one-stop-shop services embedded in communities. They mentioned the importance of co-locating mental health and dental health and vision health as well as social services.

"DENTAL HEALTH IS MENTAL HEALTH. IF YOU CAN'T FIND SHELTER OR FOOD TO EAT THAT MESSES WITH YOUR MIND. IF IT'S COST PROHIBITIVE THAT EFFECTS YOUR MENTAL HEALTH. IT IS ALL LINKED TOGETHER. GOVERNMENT CAN'T JUST ADDRESS ONE SINGLE ISSUE. FOCUS ON THE WHOLE PERSON AND WHOLE HEALTH."

– BLACK/AFRICAN AMERICAN PARTICIPANT



OVERALL THEMES

Among Black/African American Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among Black/African American participants in the community health conversations:

- Mental and spiritual health is a priority.
- Free and low-cost indoor and outdoor recreation opportunities are important.
- Specialty care and behavioral health are difficult to access.
- Financial stress is having a large impact on overall wellbeing.


ARIZONA DEPARTMENT OF HEALTH SERVICES
COMMUNITY HEALTH: CONVERSATIONS INDIGENOUS PEOPLE
"HEALTHY"
FOOD IS FUEL NOT ENTERTAINMENT
EATING TRADITIONAL FOODS
FASTING NOURISHMENT
WEIGHT
SKIN CARE
SPIRITUAL
mind. body. spirit
CEREMONIES
prayer & MEDITATION
BALANCE
Clockwise
connection to CULTURE
sleep
movement
SELF TALK
FRIENDSHIP
IDENTITY IS A PIECE of HEALTH
NATURAL NON-WESTERN REMEDIES
laughter S.M.I.L.I.N.G
ABSENCE of pain & STRESS
WITHOUT
VICKS
HOMEOPATHIC
FERMENTED BEET JUICE & WATER
LONG WALKS
HIKES
GETTING OUTSIDE
BREATHING
EXIST IN OUR COMMUNITY
WE SPEAK IN TERMS OF COMMUNITY NOT INDIVIDUALS
CULTURE
ACCESS TO HEALTHCARE
SAFE SPACE
INDIAN HOSPITAL
Native American Ministries
GILA RIVER COMMUNITY Events
EDUCATION for SURVIVAL
appreciation of a long beautiful history
WRAP-AROUND SERVICES
FAMILY SUPPORT
STRESSORS & CHALLENGES
IN OTHER PLACES...
FEELING LIKE WE BELONG!
#1
FEW HAVE ACTIVE DRIVERS LICENCES
TRUST OF NON-NATIVE PROVIDERS
INFO OVER LOAD!!
ADS?
NOT KNOWING
Confusing
OR MIS-INFORMATION
NO FOLLOW UP
DOCTOR TURNOVER
INSURANCE
HEALING
COVERAGE
GOING BACK to OUR TRADITIONAL ROOTS
BIG CITY recharging
UNHEALTHY OPTIONS
AHCCCS
DIFFERENT PLANS
ADDICTION
INTERGENERATIONAL TRAUMA
ACCESS & NAVIGATING
GOVERMENT AID
WAIT TIMES
NATIVE HEALTH
LIMITED LOCATIONS
DEPRESSION
ANXIETY
JOY
music
DANCE
Creativity & INNOVATION
OUR GRANDPARENTS WERE RESEARCHERS & SCIENTISTS!
RESPECT
HARMONY
DIET CLOSE to LAND RESILIENCE
FUTURE thinking
RECOVERY AWARENESS & TRAUMA SERVICES
UNDERSTAND EACH OTHERS' CULTURES HELP US UNITE!
FREE & LOW $ OPTIONS
HOW IT'S COMMUNICATED
POLICY INFO ADHS
GROW OUR OWN GARDENS
GET TO KNOW EACH NATION
OFFEND!
COOKING LESSONS
FOOD BANK
LIVE TALKING CIRCLES & virtual
RESPECT THE LANDS YOU WALK ON
SEEDS
EQUITY
GIVE US ONE SO WE CAN LOOK OVER ALL
MENTAL HEALTH & CONFIDENCE
DENTAL CARE
CARDIO HEALTH
BRAIN HEALTH
PROGRAMS FOR YOUTH
MORE DESERT LANDSCAPE
BLOOD HEALTH
LESS CONCRETE
MORE NATURE
CULTURALLY COMPETENT CARE
OUR STORIES
Song, Prayer, MOTHER EARTH two and four-legged ALL in harmony Celebrating Beauty
CULTURE TEACHES US EVERYTHING WE NEED!
"LIVING OUR VALUES EVERYDAY"
CHURCH PROGRAMS
ELDER CENTERS
ENERGY
SWEAT LODGES
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iv. INDIGENOUS
Community Health Conversations

SUMMARY OF FINDINGS

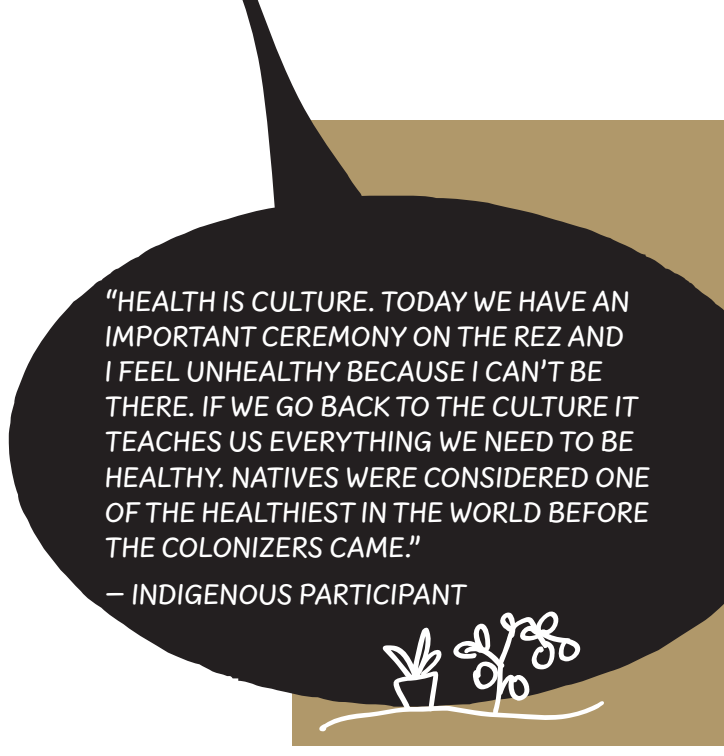
CONVERSATION THEMES

How Indigenous Community Health Conversation Participants Define Health

When asked what being healthy personally means to Indigenous community health conversation participants it was often described as 'doing things in native ways' and having cultural and spiritual balance. Native identity was a deep value. This was intertwined with connection to traditional native ways. Participants shared experiences coming from different Indigenous communities and recognizing that even though there are some differences, there is also a sense of belonging as Indigenous people when they seek to understand each other.

Activities that support health for Indigenous people included spirituality, praying, walking, and movement. Participants described their relationships with each other and mother earth as a healing component of health. Many participants described themselves as urban natives living in cities away from reservations and their families. They discussed the difficulty in adapting to urban living and feeling disconnected from nature, which is seen as an important connection to health.

When reflecting on health Indigenous participants frequently mentioned the importance of eating healthy to feel balanced. When asked how they define eating healthy many participants described less 'fast' food, opportunities for home cooking, eating close to the land, and reflecting on how different food choices make their body feel. Having access to quality fresh food was identified as important. Reflections shared challenges with feeling like there are limited healthy and fresh options available on the reservations. Some participants described fasting as helpful and others shared the importance of eating more holistic native foods.



THROUGH THE LENS OF INDIGENOUS PEOPLE

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing Indigenous participants identified connection to each other (other native people) and culture as an important asset. Participants shared appreciation for their long history of existence and see their resiliency as an important strength.

Native ways are seen as important strengths and this includes song, prayer, natural teas, and herbs, and caring for mother earth. Participants described the creativity and innovation of native people that has sustained them for so long and supported survival which is seen as a strength passed down through grandparents and multiple generations.

Participants also discussed appreciation for cultural events and sweat lodges for supporting wellbeing, although it was felt that it could be hard to access those connections when desired, especially among urban Native people.

Community Health Stressors and Challenges

Transportation barriers were identified as a key challenge experienced by Indigenous people. Many urban elder Natives shared not having a driver's license and depending on public transit and shared transportation. Participants described limitations in getting back to their communities on reservations due to lack of transportation. For those living in urban settings participants described challenges with limited Indian Health Services (IHS) and/or Native Health locations to receive care. Participants went on to describe the importance of connecting with healthcare providers who are also native and experiences of distrust with non-Native providers. Participants described feeling unsafe sharing information with non-Native providers and trusting if the care that providers offer back to native people is truly meeting their unique needs. Participants discussed the challenges of healing from trauma and a need for more education and support around accessible Native options from Native people to help heal themselves.

"WE DON'T NEED TO HAVE EXTERNAL (NON-NATIVE) PROVIDERS COME INTO THE COMMUNITY. TRAIN MORE PEOPLE LIKE US FOR US."

– INDIGENOUS PARTICIPANT

"WE SPEAK AND THINK IN TERMS OF COMMUNITY. NOT AS INDIVIDUALS."

– INDIGENOUS PARTICIPANT

Cost barriers were also cited as challenges frequently experienced by Indigenous participants. Participants shared experiences with feeling as though they have good paying jobs and still not being able to afford healthcare because insurance isn't covering preventative care and traditional (non-western) Native health practices.

Participants described challenges with information overload that is impacting health education and awareness. They shared experiences with finding health information online or through social media, but not knowing what information to trust or what is 'right'. Participants went on to discuss concerns with distrust of social media algorithms and advertisements offering predatory marketing claims to native people.

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing Indigenous participants described a need for more accessible and affordable health options rooted in Native ways. Participants described the value of talking circles and safe groups to connect to and wanting more opportunities

that offer that care. Indigenous participants also want to see mental health resources and supports prioritized. It was felt that these supports should be comprehensive and include trauma and resiliency awareness and recovery support through a culturally competent lens. This support should be lead and delivered by Native providers.

Participants described the importance of more education opportunities from nutrition to dental care and the connection to overall health, to gardening, to connection with nature. Participants described the importance of these educational activities and opportunities being offered after-hours for working individuals and parents. Lastly, Indigenous community health conversation participants want to see a focus on cultural humility and respect from non-Native people and increased respect of mother earth as guests on Native land.

"POLICY IS CRITICAL – HOW GOOD ARE YOUR POLICIES IF THEY DON'T MAKE SENSE OR IF THEY ARE OFFENSIVE. FOR SOMEONE IN A WESTERN MODEL TELLING ME TO LOSE WEIGHT IS OFFENSIVE. HOW YOU DELIVER HEALTH INFORMATION IS TOP OF THE LIST FOR PEOPLE IN PUBLIC HEALTH TO CHANGE. ADHS SHOULD MANDATE CULTURAL COMPETENCY. GET TO KNOW EACH NATION BEFORE YOU OFFEND. HAVE THE RESPECT OF GOING INTO SOMEONE ELSE'S LAND. SIMPLE UNDERSTANDING OF KNOWING YOU ARE A GUEST. IT'S ABOUT POLICY AND EQUITY – GIVE ME MY LADDER SO WE CAN ALL LOOK OVER THE FENCE. UNDERSTANDING OF WHO YOU ARE SPEAKING TO GOES BACK TO EDUCATION."

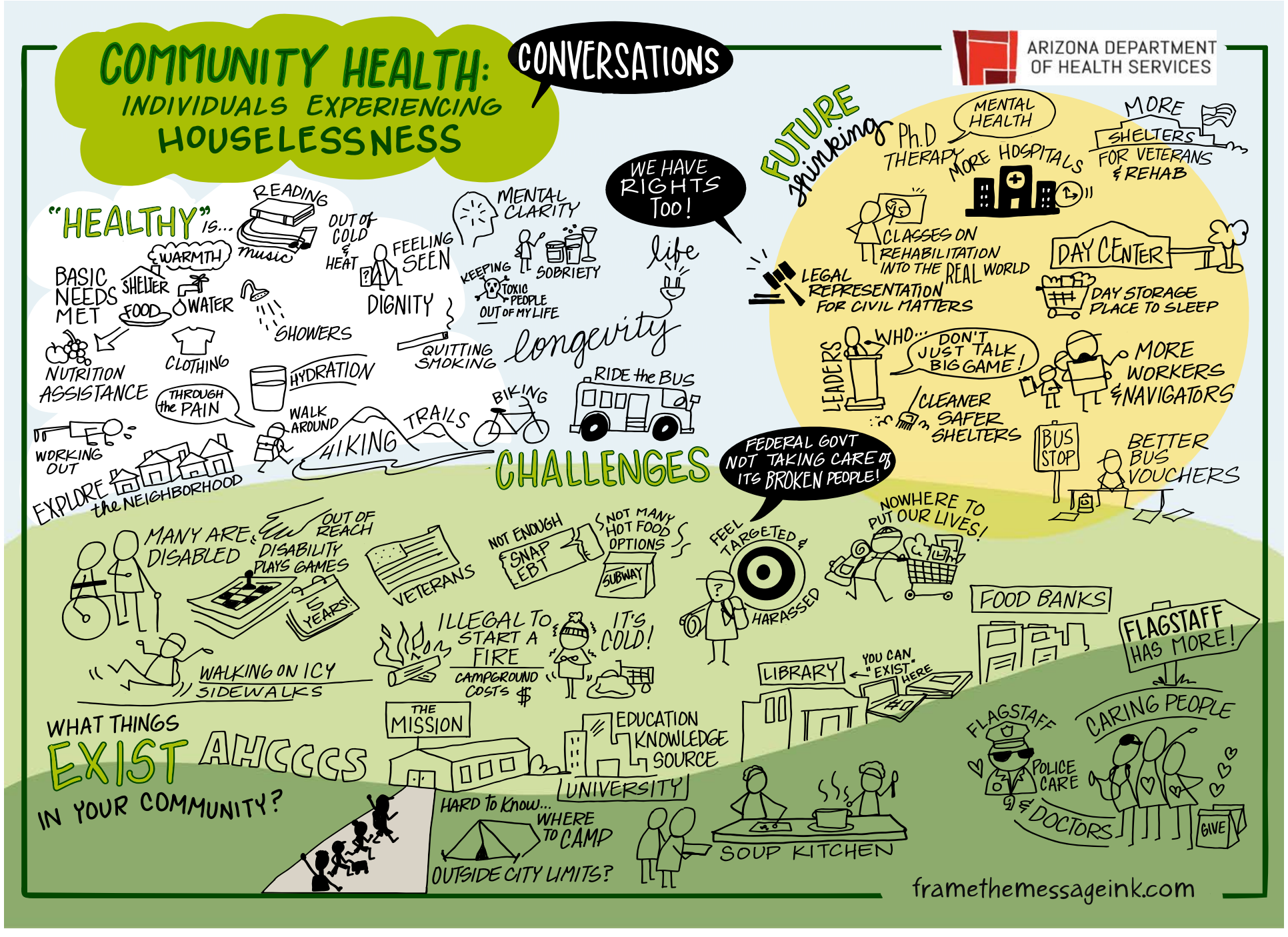
– INDIGENOUS PARTICIPANT

OVERALL THEMES

Among Indigenous Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among Indigenous participants in the community health conversations:

- Health is culture, spirituality, prayer, and movement beyond western practices and beliefs.
- Native providers and more Native services are needed.
- Framing of health messaging and cultural respect is a priority for the delivery of culturally competent care.
- Relationships with each other and mother earth are healing and support resiliency.
- Lack of transportation is a barrier impacting wellbeing.


COMMUNITY HEALTH:
INDIVIDUALS EXPERIENCING HOUSELESSNESS
CONVERSATIONS
ARIZONA DEPARTMENT OF HEALTH SERVICES
"HEALTHY" IS...
READING
music
OUT OF COLD & HEAT
MENTAL CLARITY
FEELING SEEN
KEEPING TOXIC PEOPLE OUT OF MY LIFE
SOBRIETY
WARMTH
BASIC NEEDS MET
SHELTER
FOOD
WATER
SHOWERS
DIGNITY
life
longevity
NUTRITION ASSISTANCE
CLOTHING
HYDRATION
QUITTING SMOKING
THROUGH the PAIN
WALK AROUND
BIKING
RIDE the BUS
WORKING OUT
EXPLORE the NEIGHBORHOOD
HIKING TRAILS
WE HAVE RIGHTS TOO!
FUTURE thinking
Ph.D THERAPY
MENTAL HEALTH
MORE HOSPITALS
MORE SHELTERS FOR VETERANS & REHAB
CLASSES ON REHABILITATION INTO THE REAL WORLD
LEGAL REPRESENTATION FOR CIVIL MATTERS
DAY CENTER
DAY STORAGE PLACE TO SLEEP
LEADERS
WHO...
DON'T JUST TALK BIG GAME!
MORE WORKERS & NAVIGATORS
CLEANER SAFER SHELTERS
BUS STOP
BETTER BUS VOUCHERS
CHALLENGES
FEDERAL GOVT NOT TAKING CARE of ITS BROKEN PEOPLE!
MANY ARE DISABLED
OUT OF REACH
DISABILITY PLAYS GAMES
5 YEARS!
VETERANS
NOT ENOUGH
SNAP EBT
NOT MANY HOT FOOD OPTIONS
SUBWAY
FEEL TARGETED & HARASSED
NOWHERE TO PUT OUR LIVES!
FOOD BANKS
FLAGSTAFF HAS MORE!
WALKING ON ICY SIDEWALKS
ILLEGAL TO START A FIRE
CAMPGROUND COSTS $
IT'S COLD!
LIBRARY
YOU CAN "EXIST" HERE
WHAT THINGS EXIST AHCCCS IN YOUR COMMUNITY?
THE MISSION
EDUCATION KNOWLEDGE SOURCE
UNIVERSITY
FLAGSTAFF POLICE CARE
CARING PEOPLE
9 & DOCTORS
GIVE
HARD to Know... WHERE TO CAMP OUTSIDE CITY LIMITS?
SOUP KITCHEN
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V. INDIVIDUALS EXPERIENCING HOUSELESSNESS

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Individuals Experiencing Houselessness Community Health Conversation Participants Define Health

When asked what being healthy personally means to individuals experiencing houselessness participants described the importance of having basic needs met. Participants went on to share that having a place to escape the cold, a shower, staying hydrated, and having food to eat is health. They went on to discuss the importance of being able to stay mobile and move through the community without pain. All participants rely on a lot of walking and biking to move through community and talked about the importance of being able to walk without a cane and be independent.

Participants also defined health through the lens of mental health describing the importance of being in balance mentally, physically, and spiritually. They discussed the importance of mental clarity and wanting to 'last a long time' and being able to remember their names as they get older. Health was also viewed through the importance of staying sober and trying to quit smoking.

Finally, participants described the importance of feeling 'seen' as critical to their health and wellbeing. They shared experiences of feeling like they have less rights as a human as perceived by society simply for being an individual who is unsheltered.

THROUGH THE LENS OF INDIVIDUALS EXPERIENCING HOUSELESSNESS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing for individuals experiencing houselessness participants described appreciation for AHCCCS for medical care and for the area shelters and pantries for a place to sleep and eat.

"HEALTH IS A SHOWER AND BEING OUT OF THE COLD. MOST OF US GO TO THE LIBRARY, ESPECIALLY IN THE COLD SEASON, YOU CAN EAT AND USE THE COMPUTER IN THE LIBRARY. YOU CAN EXIST IN THE LIBRARY. I WISH SOMEONE WOULD TAKE INTEREST IN WHAT IT IS I AM GOING TO TELL THEM."

– INDIVIDUAL EXPERIENCING HOUSELESSNESS

Participants also described the importance of caring people in the community as a strength. Specifically, participants acknowledged that Flagstaff felt like a caring and supportive community for individuals who are unsheltered in comparison to larger cities, such as Phoenix. Participants described people working in social service programs and shelters and pantries as kind. Discussions of perceived care from law enforcement were neutral. There were experiences of feeling harassed simply for being unsheltered and some shared experiences of feeling like law enforcement was trying to support safety.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health individuals experiencing houselessness that participated in the community health conversations emphasized challenges with lack of mental health resources and supports. Some participants shared experiences of being a Veteran and not knowing how to manage their PTSD and others emphasized the importance of needing talk therapy – not just psychiatric medications.

Many participants described experiences with a disability and challenges navigating disability benefits which are felt to be just out of their reach. They described needing to have a specialist prove their disability and then facing difficulty getting in to be seen by a specialist and navigate the system. Participants described trying to navigate disability benefits for years without success.

Individuals experiencing houselessness described experiences of not having a place to put their lives. They described not being able to stay in shelters during the day and then feeling like a target for harassment by law enforcement by simply carrying a backpack or sleeping bag and 'appearing homeless'. Participants described that when they have found free locations to camp it becomes challenging when they aren't allowed to start fires for warmth or when the city comes in with bobcats and excavates their shelter. Many experienced losing important personal documents due to having their camp excavated.

"I WORRY EVERYDAY JUST WALKING AROUND WITH A BACKPACK. WE CARRY OUR LIVES WITH US, WE HAVE NOWHERE TO PUT OUR LIVES, WE ARE FORCED TO CARRY IT WITH US, AND IT DERAILS US. WALK AROUND WITH A SLEEPING BAG AND THEY PULL US OVER. WHEN YOU TRY TO FIND A SMALL PLACE TO EXIST THE CITY COMES IN WITH BOBCATS AND EXCAVATES THE HOMELESS CAMPS. IF THAT WAS A HOUSE IT WOULD MAKE THE NEWS, BUT NOT FOR US. WE HAVE BASIC NEEDS – WE HAVE RIGHTS TOO."

– INDIVIDUAL EXPERIENCING HOUSELESSNES

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support their wellbeing, individuals experiencing houselessness stressed the importance of having more shelter and job opportunities. All participants expressed an interest in wanting permanent shelter. They discussed the importance of having sustainable employment to achieve this, but it was felt that this could not be achieved unless they had access to more social workers and navigators. They expressed a need for more day shelters that could offer these wrap-around support services.

Many participants also want to see access to free quality legal representation made more accessible. Participants described experiences with civil matters and not being able to move past the legal hurdles because they did not have adequate representation. Participants

went on to describe how the cycle then contributes to not being able to find employment.

Lastly, participants described the importance of a greater variety of hot food locations being authorized through SNAP EBT. They shared experiences with limited options and not having any way to prepare foods or meals on their own that they would otherwise purchase from the grocery store with EBT.

"WE NEED PEOPLE TO GIVE US TASKS DURING THE DAY SO THAT WE CAN FEEL LIKE WE ARE MAKING PROGRESS. THERE'S A LOT OF THINGS THAT AREN'T FULLY EXPLAINED TO US, LIKE OUR RIGHTS AND OPPORTUNITIES."

– INDIVIDUAL EXPERIENCING HOUSELESSNESS

OVERALL THEMES

Among Individuals Experiencing Houselessness Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among individuals experiencing houselessness and participating in the community health conversations:

- Health is having basic needs met.
- It is important to feel seen without stigma and judgement.
- Experiences with feeling harassed and targeted are preventing progress in achieving stable housing and employment opportunities.


COMMUNITY HEALTH: LATINO/LATINA/LATINX CONVERSATIONS
"HEALTHY" IS...
A1C LOW
GOOD FOOD
PEACE JOY
WELL RESTED
ENERGETIC
ACTIVE LIFESTYLE
happiness
EXERCISE
BREAK TRADITIONS OF UNHEALTHY EATING
SEEK CLASSES & ACTIVITIES
MENTAL PHYSICAL EMOTIONAL
STRESSORS
CARING for AGING or DISABLED ADULTS
DISCONNECTED from
DOCUMENTATION & CITIZENSHIP
MANY LIMITATIONS
ADAPTING TO A NEW COUNTRY
HEALTHCARE
UNIVERSITY
B·A·L·A·N·C·I·N·G families
NO TIME
LONG HOURS
$!!
NOT CLOSE TO HOME
COMMUNITY EVENTS
BORED & ON DEVICES
WOMEN IN FAMILIES DO IT ALL!
WHICH PARKS ARE SAFE?
& MAINTAINED WELL?
SAFETY SECURITY
SPEED LIMIT 25
FUTURE thinking
AFTERSCHOOL
SAFE & INEXPENSIVE THINGS FOR KIDS to DO!
SPLASH PADS
SAFER PARKS
LIVE & WORK WITHOUT FEAR!
WELL LIT PATHS
CITIZENSHIP more ACCESSIBLE
TRANSLATORS
RESOURCES
legal help
UNDOCUMENTED
OUTSKIRTS of DOWNTOWN
AFFORDABLE MEDICAL DEVICES for HOME USE
CLINICS
WAIT TIMES DE-PRIORITIZING CONSULTING FEES COST
TIME SLOTS PAYMENT PLANS WALK-IN OPTIONS
EVENING CLASSES
KIDS GROUPS
FREE activities
EXTENDED HOURS
COMMUNITY PARKS
OUTDOOR CLIMATE
VOLUNTEER OPPORTUNITIES
MENLO ANNEX
SAFE TO CROSS
HIGH SCHOOL
ACCESS to MENTAL HEALTH
DOCTORS for CHECK UPs
TRAILS & PATHS
WHAT IN THE COMMUNITY HELPS YOU STAY HEALTHY?
ARIZONA DEPARTMENT OF HEALTH SERVICES
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vi. LATINO/LATINA/LATINE/LATINX
Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Latino/Latina/Latine/LatinX Community Health Conversation Participants Define Health

When asked what being healthy personally means to Latine community health conversation participants many described the importance of mental, emotional, and spiritual wellness. They discussed the importance of eating well and moving. When asked what eating well looked like for them participants described maintaining a healthy A1C (blood sugar levels) to manage or prevent diabetes and trying to change family practices of unhealthy eating for the whole family. Participants also described the importance of movement and shared an appreciation for walking and participating in classes, such as Zumba.

When asked what being healthy feels like participants described feeling healthy as feeling joyful, energetic, and being at peace. These feelings were often discussed connected to caring for the family or children and having energy to participate in activities with the family.

Participants described the importance of feeling connected to each other and to family to support health. They described emotional wellness as having someone to talk to. Staying in touch with family in Mexico and meeting up with friends to vent.

THROUGH THE LENS OF LATINO/LATINA/LATINE/LATINX

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing Latine participants frequently identified the climate in Arizona and outdoor spaces as an important asset. They shared appreciation for local neighborhood parks and walking paths near their homes and neighborhoods. Participants also shared an appreciation for having access to area schools, and high schools, to walk the track and

safely get exercise when other parts of the community feel unsafe or not accessible. Some participants also shared an appreciation for bike lanes that have guards between the bike lane and traffic to protect cyclists, but also acknowledged that this was not designed in most spaces where people ride bikes.

The importance of free activities, especially for children, was cited as a community strength. Participants discussed the value of community spaces that offer things like roller skating and soccer as important activities and opportunities to support health.

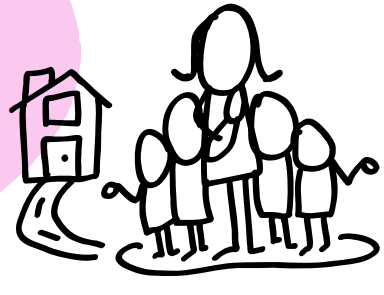
Participants also shared that they felt that there are many doctors and providers in the area if medical care is needed, but also shared that often they cannot access those services even if they exist due to legal documentation status.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health Latine participants shared stress related to working long hours while also taking care of families. Many Latine individuals that participated in the community health conversations also identified as working moms who are also taking care of elders in the family. They described expending so much time caring for others that they often neglect their own health needs.

"WOMEN TEND TO BE THE PILLARS OF HOMES EVEN WHEN THERE IS A HUSBAND. WE HAVE TO DO IT ALL FOR THE FAMILY. NOT HAVING ASSISTANCE AND RESOURCES WITH CITIZENSHIP IS VERY LIMITING ON WHAT YOU CAN DO – YOU CAN'T WORK OR STUDY AND YOU JUST WANT TO MAKE A LIFE FOR YOURSELF."

– LATINE PARTICIPANT



Participants also described challenges with safely accessing and utilizing outdoor public spaces, such as parks and walking paths. While these areas are seen as valuable assets, participants also noted experiences with facilities being poorly lit or poorly maintained. They described participating in less gatherings at parks due to the increase in the number of individuals who are unsheltered in those spaces. They shared concern for the individuals who are unsheltered needing a place to go and expressed concerns with lack of mental health support to prevent encounters with their children for behaviors that they don't understand.

"IT'S IMPORTANT TO FIND A BALANCE OF SHELTERING UNHOUSED INDIVIDUALS AND USING CITY FACILITIES. WE WANT TO FEEL SAFE WHEN PLAYING WITH OUR CHILDREN AT THE PARKS AND UNHOUSED INDIVIDUALS NEED A PLACE AS WELL. IT FEELS LIKE WE ARE ENCROACHING IN UNHOUSED PEOPLE'S SPACE WHEN GOING TO PARKS OR RESERVING RAMADAS."

– LATINE PARTICIPANT

Participants also described challenges with not having access to culturally relevant healthcare and legal support services. They expressed value in having Spanish language options available, especially for undocumented adults. Participants shared experiences with being new to the United States and feeling stuck. They shared sadness with being away from family while also trying to create a new life and not always understanding how to navigate immigration services. They shared experiencing mental health challenges when trying to care for others, be a provider, work, go to school, and properly seek out citizenship. There is a desire to do things 'right' and frustration with the system.

Future Thinking – Health Priorities

When asked about the types of things that they would like to

see prioritized in their community to better support wellbeing Latine participants described the importance of legal and financial support to make the pathway to citizenship more accessible.

Participants also shared the importance of improving community spaces to be better maintained with improved lighting and the importance of adding free indoor recreation spaces for children and wellness centers for the general community of all ages.

Latine participants would also like access to free home medical devices, such as blood pressure monitors, to manage and monitor their own health conditions without having to 'burden' the medical system and seek care from a doctor.

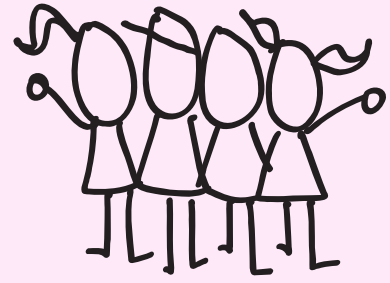
Finally, Latine participants would like to see decision-makers focus on individuals who are unsheltered in helping them to find shelter and mental health support. It is felt that the entire community will benefit from this in terms of safety and care.

OVERALL THEMES

Among Latino/Latina/Latine/LatinX Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among Latine participants in the community health conversations:

- Focus on whole-family health.
- After-hour care and opportunities are important for working families.
- Cost is a barrier to health – from children's activities to high-cost medical services, especially the ER, even with insurance.
- All-inclusive neighborhood community centers are valued.
- Mental health and safety are a high priority for supporting wellbeing.




COMMUNITY HEALTH: CONVERSATIONS LGBTQIA+
WHAT DOES "HEALTHY" MEAN TO YOU?
SELF-CARE
PROUD
FEEL GOOD ABOUT MYSELF
+ BODY IMAGE
EMOTIONAL WELL BEING
PREPARED for ADVERSITY
ENERGY
ENDURANCE
CYCLING
ROLLERBLADES
LOOKS DIFFERENT FOR ALL
STIGMAS
MOVEMENT EXERCISE
STRENGTH
PAIN FREE
GARDENING CALMNESS
WATER
Dance
Music
PETS
ACCESS, EQUITY & QUALITY CARE, INCLUSIVE, AFFORDABLE AND CULTURALLY RESPONSIVE
WHAT CHALLENGES YOU?
I CAN'T DREAM LIKE A STRAIGHT WHITE MAN...
HAVING BABIES
IVF ↑COST & COVERAGE
HOUSE-LESS-NESS
HRT COVERAGE
Slurs Aggression
long waits
PUBLIC SCRUTINY
AHCCCS HARD TO GET OR QUALIFY FOR!
LESS QUALIFIED THERAPISTS
NOT FEELING SAFE!
GRIEF SUPPORT
GENDER AFFIRMING
LEGAL REPRESENTATION COST & QUALITY
LACK OF SEX EDUCATION
SCHOOLS
STABILITY WITH HOUSING
IN-SECURITY
LANGUAGE of POLITICS
NOT INCLUSIVE!
FOOD
INSURANCE
FOOD STAMPS NOT RISING WITH THE COST OF FOOD!
JOB
FUTURE thinking
A PLACE TO CALL HOME BASE OF BUILDING A FUTURE!
HEALTHCARE
MASKS OK!
PERSON 1ST
INVEST MORE IN AHCCCS
ELIMINATE! RACIAL DISCRIMINATION
RESPECTFUL & affirming LANGUAGE!
DOCTORS WITH TRANS-FLUENCY
HOUSING
STOP!
PROMISING AFFORDABLE HOMES...THEN
SUPPORT BASIC NEEDS ✓SHELTER ✓SAFETY
TEARING DOWN TEMPORARY SHELTERS
VOUCHERS
EDUCATION
TRUE SAFETY NET
NORMATIVE VIEWS
RECRUIT FROM OUR COMMUNITIES
NOT CONDITIONAL ON... ✓SOBRIETY ✓GENDER EXPRESSION ✓SEXUALITY ✓CONFORMING TO DOMINANT CULTURE
STIMULUS CHECKS
POLITICS
HAVE CONVERSATIONS WITH PEOPLE!
IMPROVE INCARCERATION SYSTEMS
STOP! MAKING DECISIONS BASED ON RELIGION
SEPARATES PEOPLE
CREATE A WORLD WE ALL WANT TO LIVE IN!
WHAT THINGS EXIST TO HELP YOU STAY HEALTHY?
SAFE PLACES
NATURE
ARTS
KARAOKE
CONCERTS
OPEN MICS
POETRY NIGHTS
FARMERS MARKETS
RUN BY COMMUNITY PEOPLE WHO CARE!
PUBLIC PARKS
BIKE LANES
COMMUNITY SPACES
SPORTS FACILITIES
YAGUI LANDS
CULTURAL
LIBRARY
QUIET SPACES
CONNECTIONS
ARIZONA DEPARTMENT OF HEALTH SERVICES
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vii. LGBTQIA+ Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How LGBTQIA+ Community Health Conversation Participants Define Health

When asked what being healthy personally means to LGBTQIA+ individuals who participated in the community health conversations it was described as a balance of physical, occupational, emotional, and spiritual wellbeing. Participants described the importance of self-care combined with mental wellbeing. Individuals also shared an awareness of surrounding oneself with others who help to support positive mental wellbeing. In reflecting on defining health, participants described challenges conforming to societal health expectations with recognition that health is individual and looks different for everyone. This was reflected in relation to body image and attempts to shift the way one looks and how they see themselves.

Participants discussed how some traditional definitions of health are often tied to fat-phobia and disordered eating practices.

Finally, participants shared how defining health through the lens of a disability can also look different and thinking about health in terms of what the body is capable of doing now versus what it used to be able to do.

When asked what health feels like LGBTQIA+ participants described feelings of calmness and inner peace, being pain-free, being emotionally prepared for adversity, and feeling proud and empowered.

THROUGH THE LENS OF LGBTQIA+ INDIVIDUALS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing, LGBTQIA+ participants shared an appreciation for gyms, vegetarian and vegan restaurant options, art, and nature. Public parks were seen as a strength, but also recognized as not always being accessible for wheelchair users.

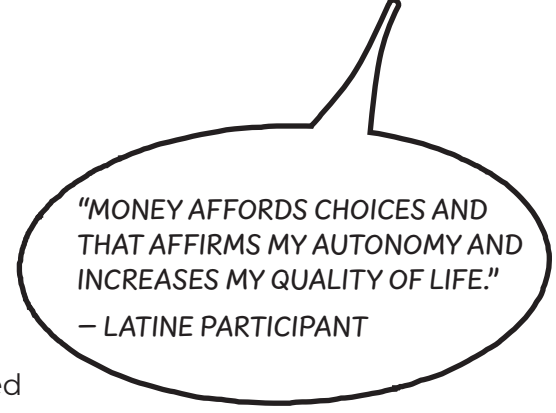
Participants shared an appreciation for area trails, including walking and bike paths. Participants also viewed area farmers markets as valuable assets in the community to support wellbeing.

LGBTQIA+ participants discussed the value of public spaces in terms of being safe spaces and spaces for community connection. Participants emphasized the importance of public spaces being run by community members who truly care. Vibrant spaces were also seen as strengths. Those were described as inclusive spaces for the Queer community to enjoy activities together such as dancing and karaoke. Yaqui land was also identified as a strength for cultural connection and providing a space of connection.

Quiet spaces are also deeply valued to support wellbeing in moments of solitude. Participants shared an appreciation for libraries as spaces for seed sharing and for reading opportunities and to be able to access the internet. Along with this theme, participants shared disappointment that many libraries have limited hours and are not open on weekends.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health LGBTQIA+ participants shared challenges with lack of affirming medical care through AHCCCS and other health insurance plans and the medical system as a whole. Participants described the importance of Hormone Replacement Therapy (HRT) as critical to wellbeing and yet feeling like they must jump through hoops for coverage. Participants shared experiences with the challenges of invasive and costly IVF fertility care for Queer individuals wanting to have a family. It is felt that Queer individuals are put through unnecessary steps to get care. Participants shared experiences with ableism and ableist language in public health with perceptions that public health doesn't view this harmful language as an issue.



LGBTQIA+ participants described experiences with financial stress from managing housing costs, to food costs, and medical costs. Many participants described working multiple jobs and going to school and wishing that they just had the privilege to do one or the other. Others related the importance of working in affirming work environments and the health benefits that can provide, but also then lacking in other benefits – such as not providing health insurance which contributes to financial stress.

Participants also described continued concerns about COVID and safety. They described concerns with seeing less people using masks in public spaces and yet still feeling like COVID cases are continuing and increasing. It was felt that wearing masks is a form of respect and solidarity, especially for those that may be immunocompromised and more vulnerable. When asked what they do to cope with their stressors and challenges participants described outlets that include sleep, venting, writing, music, laughter, dancing, and sex. Mutual aid groups who share similar values were also identified as sources of support for managing stress. Participants described the value of working together with like-minded people towards a greater goal that benefits all. LGBTQIA+ participants discussed the value of therapy as a source of support, but all described the challenges of finding a therapist that feels compatible with their values and needs. They shared the importance of feeling heard and needing a therapist where one doesn't feel judged and offers good life experiences. They also shared the importance of finding quality talk therapy to feel heard and not having someone immediately just want to medicate an individual.

Overall, LGBTQIA+ participants described feeling a lack of

compassion and action among elected officials and feeling like it is difficult to understand and navigate how to best advocate for policy change. There's a desire to see that those that are elected are legislating in their favor.

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing LGBTQIA+ community health conversation participants emphasized the importance of reforming the healthcare system to remove barriers to care such as focusing on improved bedside manner and changing systems that feel retraumatizing for patients. When asked what that looks like participants described the importance of addressing bias and discrimination based on sexual orientation and gender identity. Participants felt that progress could be made in this area by starting with provider training and education on issues such as Trans-fluency and Queer family support services.

LGBTQIA+ participants also want to see mental health support and resources prioritized. They elaborated on the importance of integrating navigators and assistors to serve as mental health advocates and help work through institutional bureaucracies. Participants described feeling like the current support provided is meeting the bare minimum and there is a need for collective society to push for more than the bare minimum in mental health care.

"I CAN'T DREAM LIKE A STRAIGHT WHITE MAN. I DON'T KNOW HOW TO DREAM ABOUT WHAT WOULD IT FEEL LIKE TO FEEL GOOD. RIGHT NOW, WHEN I THINK TO THE FUTURE I JUST WANT MY BASIC NEEDS MET."

– LGBTQIA+ PARTICIPANT

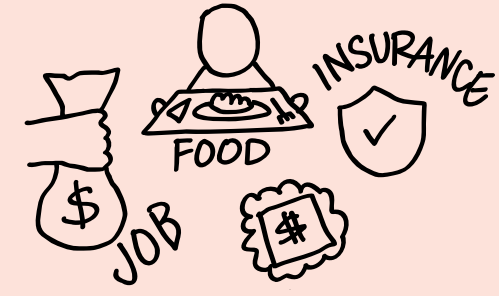
Lastly, participants shared a desire to prioritize and focus on individuals who are experiencing homelessness. Concerns were shared over the violent practices of destroying tents and current shelters of individuals who are unhoused. They emphasized the importance of decriminalizing actions that support individuals who are unsheltered – such as not fining community members who provide food to individuals who are unsheltered and not destroying camps and not targeting individuals who are unsheltered. Participants reflected on the privilege that they all hold and the importance of opening doors of opportunity for others.

OVERALL THEMES

Among LGBTQIA+ Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among LGBTQIA+ participants in the community health conversations:

- Mental health resources and support should be prioritized for all.
- Financial assistance, nutrition assistance, transportation assistance, and legal assistance need to be expanded to better support basic needs.
- There needs to be an initiative focusing on more inclusive and affirming care across public health and the entire medical system.
- Increasing the number of and access to safe community gathering spaces is needed.
- There needs to be system changes to better address the challenges among individuals who are unsheltered.




CONVERSATIONS
COMMUNITY HEALTH: PEOPLE LIVING WITH DISABILITIES & CAREGIVERS of CHILDREN with SPECIAL HEALTHCARE NEEDS
DEFINE "HEALTHY"
WALKING & HOBBIES
PROCESSING INNER... FEELINGS
NATURE
HOW YOU "FEEL"... NOT HOW YOU "LOOK"
ABSENCE of PAIN & DISEASE
PHYSICAL
MENTAL
SPIRITUAL
EMOTIONAL
WELL-BEING
PRACTICE FAITH
EXPRESSING MYSELF
HELPING
COMMUNITY
DIET
BALANCE
SOCIAL ANXIETY
TIME
IN MY SCHEDULE
SCHOOL
TESTS
COLLEGE APPS... CREDITS...
PUBLIC TRANSPORTATION
FREE OR CHEAPER!
RACISM
HOMOPHOBIA
SEXISM
NOT SAFE!
SAY IT'S INCLUSIVE
EDUCATION LEGISLATION
MISINFORMED
RESTRICTED
DISCRIMINATION
CHALLENGES & BARRIERS WE FACE
FUTURE thinking
EDUCATE TEACHERS/STAFF
FREE RESOURCES
INCLUSIVE SPACES
REDUCED HEALTHCARE
NON-SHELTERED CARE
FREE ADDICTION HELP
CLEAN WATER STATIONS
CHARITY SERVICES
RECREATION SPACES
BATHROOMS FREE ACCESS
AFFORDABLE HOUSING
SENSORY FRIENDLY EVENTS
MENTAL HEALTH COVERAGE
PROVIDERS WHO SHOW COMPASSION!
IT'S FRUSTRATING NOT FEELING HEARD!
EXIST IN OUR COMMUNITY
SCHOOL FREE MEALS
GROCERY STORES
DANCE COMMUNITY
SKATE PARKS
GYMS
BLEACHERS
TRACK
ANIMAL SHELTERS
PUBLIC LIBRARY
FACILITIES & PROGRAMS
INCLUSIVE SCHOOL
FUNDRAISERS
LGBTQ+
DRAG
COMMUNITY GARDEN
PARKS
TUCSON'S NATURE TRAILS AND PATHWAYS
ARIZONA DEPARTMENT OF HEALTH SERVICES
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viii. PEOPLE WITH DISABILITIES AND CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How People with Disabilities and Caregivers of Children with Special Healthcare Needs Community Health Conversation Participants Define Health

When asked what being healthy personally means to people with disabilities and caregivers of children with special healthcare needs participants in the community health conversations described having good mental and spiritual health, living without pain, having basic needs met, and being authentic and not feeling like you must change to fit a mold of what society believes a healthy person should be. Participants elaborated on frequently feeling pain and how when they are pain-free those are the moments that they feel the 'healthiest'. They shared that in the absence of pain that they are better able to engage in hobbies and offer more community support.

Participants reflected on what being healthy feels like and emphasized that health is more about how a person feels rather than how they appear. They also described the importance of feelings of being safe, feeling happy, feeling like they have energy for daily activities, and feeling free from illness. Participants shared the importance of individuals feeling like they could be their authentic self and the importance of wanting to feel accepted by the community. Through the lens of disability, participants shared the importance of health focusing on what the body can do versus what it cannot do.

THROUGH THE LENS OF PEOPLE WITH DISABILITIES AND CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing people with disabilities and caregivers of children with special healthcare needs shared appreciation for community spaces that support activities, such as dance, skateboarding and roller-skating, and accessible gardening. Public parks, libraries, and animal shelters were also

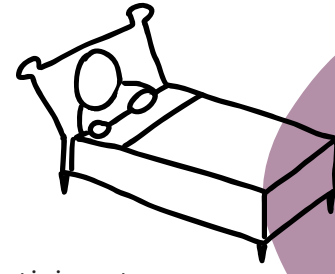
recognized as strengths of the community that support wellbeing. Participants shared the value of having safe spaces to play with pets and animals and to find quiet solitude. Nature and outdoor environments were identified as strengths that Arizona offers that support wellbeing for everyone.

Autistic individuals shared the value of having access to friendship circles with other autistic individuals and feeling better understood and less judged. They shared the value of having someone to connect with and talk to as a source of healing.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health people with disabilities and caregivers of children with special healthcare needs described a lack of safe spaces that offer calm design to prevent sensory overload. Participants described a lack of awareness in all designs, from parks to social service buildings and spaces, that consider spatial configuration, lighting, colors, and noise. Participants reflected on the importance of having access to the 'right' kind of sensory events and experiences out in the community.

Caregivers also described wanting more opportunities that support independence-building activities for their children, but also not feeling like it was safe to send an older child with special healthcare needs or disabilities out into the community on their own. They shared the stress and pressure of needing to be a constant source of support.



"IT'S FRUSTRATING NOT BEING HEARD. FATIGUE FEELS LIKE A HUGE BARRIER - TRYING TO WEAVE IN TIME FOR CARE TOWARDS MY HEALTH WHILE JUGGLING MY ILLNESS AND A FULL-TIME JOB AND THE BODY PAIN – IT'S ALL SO HARD. THERE ARE JUST NOT ENOUGH GOOD PEOPLE WHO CARE."

– PARTICIPANT WITH DISABILITIES

Participants also reflected on the challenges of navigating systems – such as educational systems, healthcare systems, the disability system, and reliance on public transportation and feeling stress related to cost barriers, lack of time, and perceived judgement from others. They described feelings of lack of hope or control in both navigating these systems or being able to improve them. They shared experiences with lack of education about disabilities and special healthcare needs among teachers, bus drivers, and people working in healthcare and feeling judged for being different or 'having high needs.' They described the importance of being seen as a human being and not their diagnosis. Participants shared an appreciation for case managers that help to navigate challenging systems, but also shared that they feel that their caseloads are way too high and not sustainable. They experience high turnover among case managers, and this is leading to poor care and less accessibility.

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing for people with disabilities and caregivers of children with special healthcare needs participants identified the importance of ensuring that more federal, state, and local funding is dedicated to programs that support people with disabilities and caregivers. They went on to describe the importance of

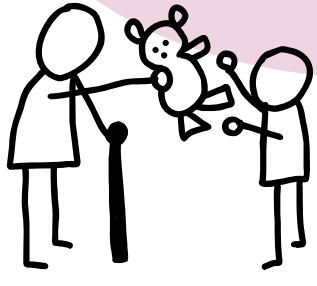
leadership examining what is and is not working in current systems and reallocating funding to better support reducing caseload for case managers and providing direct support.

Participants also described the importance of focusing on creating more welcoming spaces for people with disabilities and children with special healthcare needs. They shared the importance of being more willing to use a service if it feels safe and welcoming and this includes ensuring spaces are sensory friendly. Participants described that any system that is difficult to navigate will cause people to give up and negate their personal care.

Caregivers specifically described the importance of leaders working to improve transitional support services for children with special healthcare needs and disabilities transitioning from adolescents to adults. Raising Special Kids and First Place were identified as organizations who do this well that should be better supported. Participants shared the importance of institutions taking inspiration from other organizations that are working on disability justice issues and justice issues in general as the right direction to move towards.

"TREATING OTHERS AS CHARITY WORK IS NOT HELPFUL. IS WHAT IS CURRENTLY BEING FUNDED AND HOW IT IS BEING DELIVERED VITAL TO THE COMMUNITY? EXAMINE THIS AND IF NOT – CHANGE IT."

– CAREGIVER PARTICIPANT

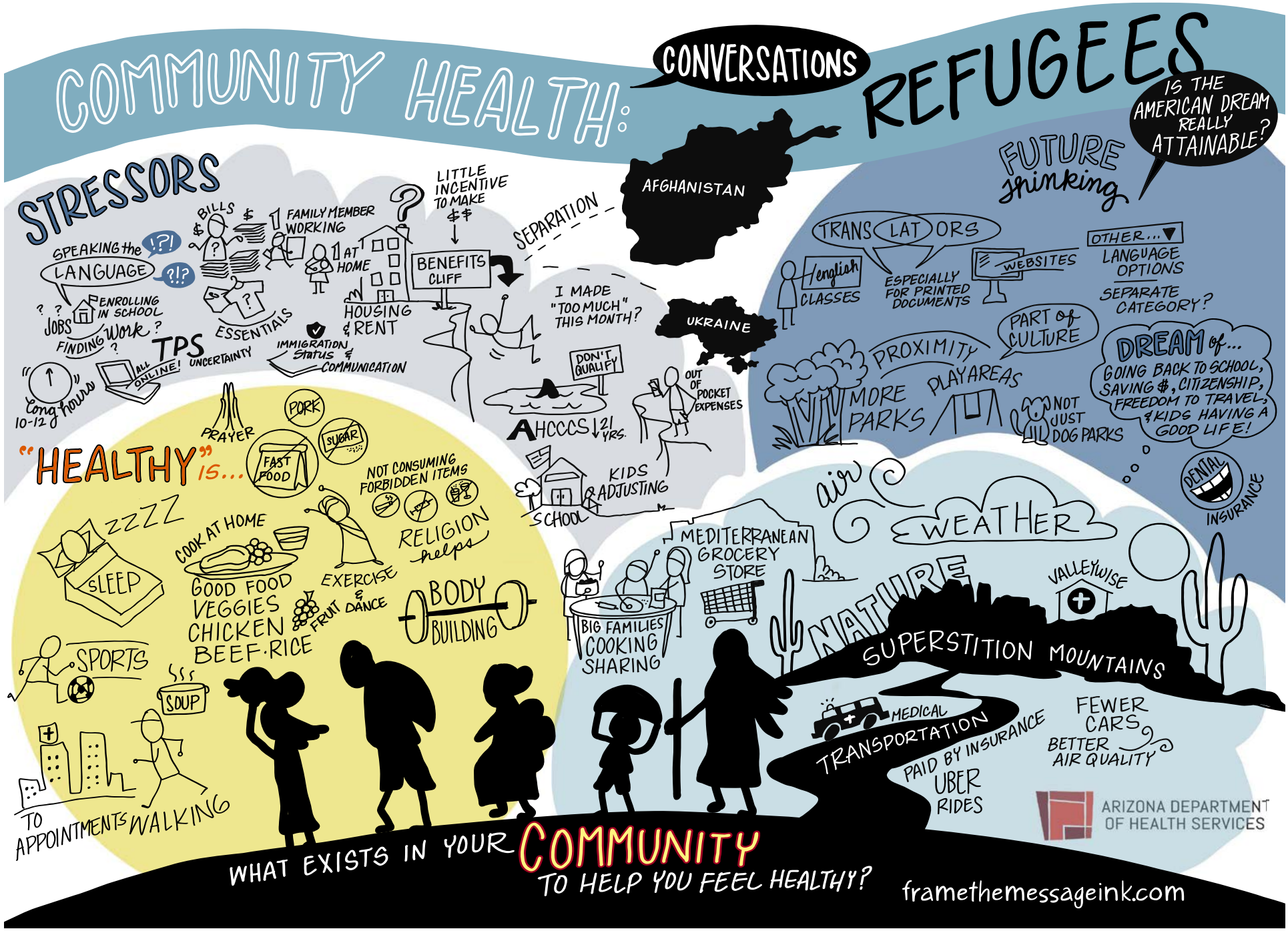


OVERALL THEMES

Among People with Disabilities and Caregivers of Children with Special Healthcare Needs Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among people with disabilities and caregiver of children with special healthcare needs that participated in the community health conversations:

- Access to compassionate and accessible care is critical for wellbeing. This includes a focus on teachers within the education system and providers within the healthcare system to reduce judgement and be better equipped to respond to unique needs and address misconceptions and discriminations.
- More funding is needed to better address education, social services, and specialty care.
- Case managers need to be better supported by reducing caseloads and working to reduce turnover.
- Individuals working in community design need to rethink community spaces to be more accessible and offer a sense of connection.


COMMUNITY HEALTH:
CONVERSATIONS
REFUGEES
IS THE AMERICAN DREAM REALLY ATTAINABLE?
STRESSORS
SPEAKING the LANGUAGE
BILLS
FAMILY MEMBER WORKING
AT HOME
LITTLE INCENTIVE TO MAKE $$
BENEFITS CLIFF
SEPARATION
ENROLLING IN SCHOOL
JOBS
FINDING WORK
TPS
UNCERTAINTY
ESSENTIALS
HOUSING & RENT
IMMIGRATION Status & COMMUNICATION
ALL ONLINE!
long hours 10-12
I MADE "TOO MUCH" THIS MONTH?
DON'T QUALIFY
AHCCCS 21 YRS.
OUT OF POCKET EXPENSES
KIDS ADJUSTING SCHOOL
AFGHANISTAN
UKRAINE
FUTURE thinking
TRANS LAT ORS
English CLASSES
ESPECIALLY FOR PRINTED DOCUMENTS
WEBSITES
OTHER... LANGUAGE OPTIONS
SEPARATE CATEGORY?
PART of CULTURE
PROXIMITY
MORE PARKS
PLAYAREAS
NOT JUST DOG PARKS
DREAM of...
GOING BACK TO SCHOOL, SAVING $, CITIZENSHIP, FREEDOM TO TRAVEL, & KIDS HAVING A GOOD LIFE!
DENTAL INSURANCE
"HEALTHY" IS...
PRAYER
PORK
SUGAR
FAST FOOD
NOT CONSUMING FORBIDDEN ITEMS
RELIGION helps
ZZZZ
SLEEP
COOK AT HOME
GOOD FOOD
VEGGIES
CHICKEN
BEEF·RICE
EXERCISE & DANCE
FRUIT
BODY BUILDING
SPORTS
SOUP
TO APPOINTMENTS
WALKING
air
WEATHER
MEDITERRANEAN GROCERY STORE
BIG FAMILIES COOKING SHARING
NATURE
VALLEYWISE
SUPERSTITION MOUNTAINS
MEDICAL TRANSPORTATION
PAID BY INSURANCE
UBER RIDES
FEWER CARS
BETTER AIR QUALITY
ARIZONA DEPARTMENT OF HEALTH SERVICES
WHAT EXISTS IN YOUR COMMUNITY TO HELP YOU FEEL HEALTHY?
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ix. REFUGEES

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

How Refugee Community Health Conversation Participants Define Health

When asked what being healthy personally means to refugees who participated in the community health conversations, they described feeling healthy when they get enough sleep, integrate self-care, walk, and eat healthy food that aligns with their religious beliefs. They further went on to describe how religious beliefs and health are deeply intertwined and how when they live 'good' according to their religion they are avoiding forbidden things and unhealthy habits like smoking, drinking, or eating pork. Participants described the value of being able to cook fresh meals at home as important for supporting health. They reflected on incorporating a lot of fruits and vegetables into meals. Many Afghan refugees talked about preparing aush, a traditional Afghan soup with a lot of fresh vegetables, as healing.

When asked what being healthy feels like participants described feeling rested, feeling like they can be active and exercise, and feeling like they have access to and the ability to maintain regular exams and checkups.

THROUGH THE LENS OF REFUGEES

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing, refugee participants shared an appreciation for having a sense of community through connection with other refugees as a strength. Participants described getting together multiple times a week to cook meals together and share food with one another. Participants also reflected on family life as a contributor to wellbeing. Many participants shared that they have big families and having the ability to connect and talk with each other helps them to feel connected and supports mental health. Many participants described their families as being very close-knit. Participants also recognized having access to fresh and culturally relevant foods as a strength that supports health. They shared an appreciation for the various specialty grocery stores and corner

stores that exist in Arizona as a place where they can find culturally relevant food and ingredients to cook and prepare meals.

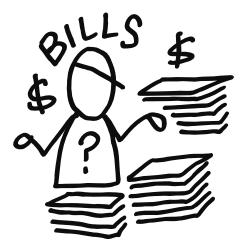
Lastly, participants also see Arizona's many parks and walking pathways as a strength that supports health. Participants also reflected on perceptions of feeling like there are more dog parks than there are parks for children. Having access to more parks near their homes within walking distance so that they can embed parks into their daily routines is important for wellbeing. Participants shared an appreciation for the outdoors, but also worry about fast-moving cars impacting their ability to safely walk and move outside. Participants emphasized the importance of taking advantage of Arizona's spring weather since it is more challenging to exercise and be outside in the summer.

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health refugees shared stress related to finances, employment, being unable to speak English, and being separated from loved ones. Many participants shared that it was difficult to make ends meet without falling off the benefit cliff. Multiple families shared experiences where they made slightly too much money one month, and their food or medical benefits were rescinded. Another family discussed losing access to food assistance for making slightly too much one month, but not enough to replace the amount they were receiving from food stamps. They also remarked on being surprised by the amount of hours Americans work each week.

"THE FUTURE IS NOT SHINING. I WORK 10 HOURS EACH DAY JUST TO LIVE AND MAKE ENDS MEET. BY THE TIME I'VE PAID FOR RENT, DIAPERS, UTILITIES, I'VE SAVED NOTHING."

— REFUGEE PARTICIPANT



Refugees that participated in the community health conversations shared that they are experiencing great stress and isolation from being separated from family and loved ones. They talked about being separated for a long period of time, 18 months or more, and still not knowing when loved ones would be able to join them. They reflected on being separated from parents and spouses with some participants sharing that they are here all alone. Immigration status and separation is resulting in high daily stress impacting wellbeing. Some participants were visibly crying when sharing how hard it was to get information about the status of their case and their loved ones.

"IT'S VERY DIFFICULT THAT THEY DON'T (AND WE DON'T) SPEAK THE SAME LANGUAGE."

— REFUGEE PARTICIPANT

Participants shared that they felt that not being able to speak English was a huge challenge that impacts their employment status and the associated costs of living and their overall wellbeing. They described not speaking English as the primary barrier in finding a job. Many participants had young children with one member of the household staying home to take care of the children; therefore, single-income households described finding it hard to pay all the bills. Families with children also described challenges with enrolling their children in school. They shared that meeting vaccine requirements was a barrier as their children may not be on the same vaccine schedule as children born in the U.S. Participants also shared that their children are made fun of at school due to cultural differences. They preferred to have their children in schools with other refugee families rather than separated into individual schools in different parts of the community where there were less refugee students attending.

To cope with these challenges participants described the importance of leaning on one another and talking to one another a lot, praying, dancing, and trying to stay busy. They described the importance of being 'confident' in themselves

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support their wellbeing, refugees described the importance of having access to language classes to learn the language. They described feeling as though learning English would help their kids have a good life and good future and was their number one priority. They reflected on the value of having language classes available at their apartment complexes where they reside, especially for mothers taking care of young children. Participants shared that while learning English is a priority, it is also a process, and more interpretation and translation support is needed. They feel that interpretation support in healthcare settings has been good, but there is lack of translation on printed paperwork or websites. They described that most of the websites that they are sent to navigate for government programs are only in English or Spanish. Sometimes their cellphone devices translate websites for them, but it doesn't always work well. It would be helpful to have additional translation options on all government websites (possibly a dropdown menu option to select language).

Participants would also like to see insurance access simplified. Some participants described having insurance and others shared experiences with it being very challenging to get AHCCCS. Most participants seek out medical care through Valleywise simply because there is an interpreter and translation support there that they feel has been helpful with navigating insurance. They also shared an appreciation for the proximity of Valleywise to where they live.

"I USED TO BE A PROFESSOR OF PSYCHOLOGY IN UKRAINE AND WOULD BE INTERESTED IN STARTING A PRIVATE PRACTICE HERE IF I COULD."

– REFUGEE PARTICIPANT

Refugee participants would like to see access to dental care prioritized. Most participants did not have access to dental insurance or dental care and if they did, it was only available to individuals under the age of 21 through AHCCCS. They further shared that private dental plans were cost-prohibitive and paying out of pocket for dental work deterred them from seeking dental care.

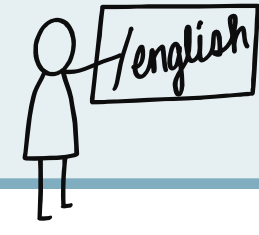
Lastly, when dreaming of the future refugees would like to see greater support for going back to school and recognition of supporting their existing education and skills that they acquired from their countries of origin. Many participants shared how hard it was to live in the U.S. They shared the stories they heard about the American dream, only to realize how unattainable it is. They also shared the struggle of finding better-paying jobs, especially owning their own businesses. They shared that it is much harder in the U.S. to have their own business. Multiple participants shared a dream to have their own business but didn't know how that would happen with so many corporations to compete with.

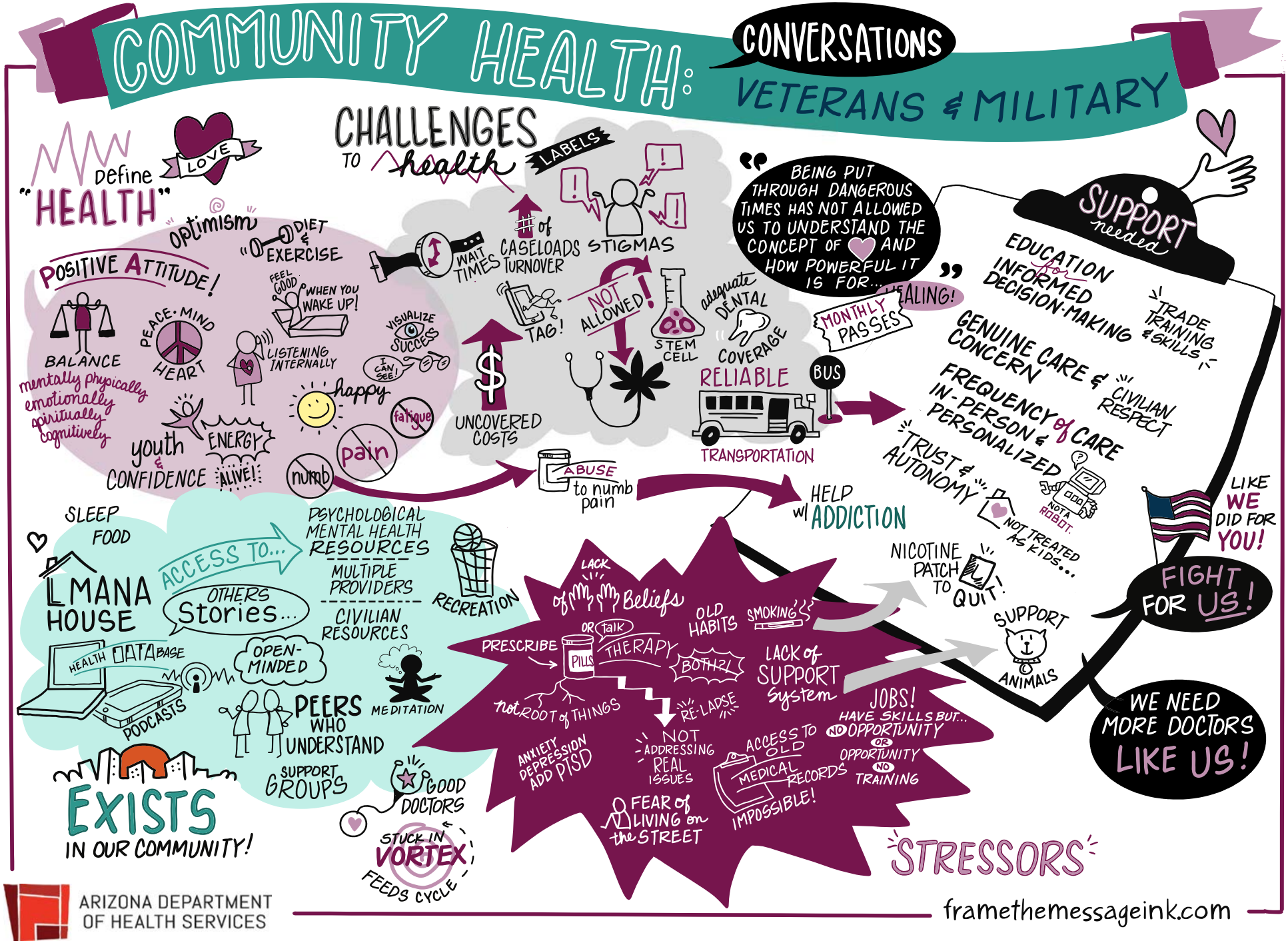
OVERALL THEMES

Among Refugee Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among refugee participants in the community health conversations:

- Language classes and interpretation and translation support are the primary needs among refugees.
- There are unique circumstances that need to be considered for each refugee community. Many of the existing assistance programs are not adequately meeting the needs of refugees.
- Access to dental care is critical for wellbeing.
- Isolation and separation from loved ones are impacting wellbeing. Family and community are the cornerstones of wellbeing for refugees.




COMMUNITY HEALTH: CONVERSATIONS
VETERANS & MILITARY
Define "HEALTH"
LOVE
optimism
DIET & EXERCISE
POSITIVE ATTITUDE!
BALANCE
mentally physically emotionally spiritually cognitively
PEACE·MIND
HEART
FEEL GOOD WHEN YOU WAKE UP!
LISTENING INTERNALLY
VISUALIZE SUCCESS
I CAN SEE!
happy
fatigue
pain
numb
youth & CONFIDENCE
ENERGY
ALIVE!
CHALLENGES TO health
LABELS
of
STIGMAS
CASELOADS
TURNOVER
WAIT TIMES
TAG!
NOT ALLOWED!
STEM CELL
adequate DENTAL COVERAGE
RELIABLE
TRANSPORTATION
BUS
UNCOVERED COSTS
$
ABUSE to numb pain
"BEING PUT THROUGH DANGEROUS TIMES HAS NOT ALLOWED US TO UNDERSTAND THE CONCEPT OF ♥ AND HOW POWERFUL IT IS FOR... HEALING!"
MONTHLY PASSES
SUPPORT needed
EDUCATION for INFORMED DECISION-MAKING
TRADE TRAINING & SKILLS
GENUINE CARE & CONCERN
CIVILIAN RESPECT
FREQUENCY of CARE
IN-PERSON & PERSONALIZED
TRUST & AUTONOMY
NOT A ROBOT.
NOT TREATED AS KIDS...
HELP w/ ADDICTION
NICOTINE PATCH TO QUIT
SUPPORT ANIMALS
LIKE WE DID FOR YOU!
FIGHT FOR US!
WE NEED MORE DOCTORS LIKE US!
SLEEP
FOOD
LMANA HOUSE
ACCESS TO...
OTHERS Stories...
PSYCHOLOGICAL MENTAL HEALTH RESOURCES
MULTIPLE PROVIDERS
CIVILIAN RESOURCES
RECREATION
HEALTH DATABASE
PODCASTS
OPEN-MINDED
MEDITATION
PEERS WHO UNDERSTAND
SUPPORT GROUPS
EXISTS IN OUR COMMUNITY!
GOOD DOCTORS
STUCK IN VORTEX
FEEDS CYCLE
LACK of Beliefs
OLD HABITS
SMOKING
PRESCRIBE
PILLS
OR Talk
THERAPY
BOTH?!
LACK of SUPPORT System
not ROOT of THINGS
RE-LAPSE
ANXIETY DEPRESSION ADD PTSD
NOT ADDRESSING REAL ISSUES
ACCESS TO OLD MEDICAL RECORDS IMPOSSIBLE!
JOBS!
HAVE SKILLS BUT... NO OPPORTUNITY
OR
OPPORTUNITY NO TRAINING
FEAR of LIVING on the STREET
STRESSORS
ARIZONA DEPARTMENT OF HEALTH SERVICES
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x. VETERANS

Community Health Conversations

SUMMARY OF FINDINGS

CONVERSATION THEMES

Important note: *All participants shared a male gender identity. It is recognized that themes may vary among female identifying veterans.*

How Veteran Community Health Conversation Participants Define Health

When asked what being healthy personally means to veterans many shared that being healthy means not having health problems. They reflected that health is a balance of mental, emotional, cognitive, spiritual, and physical wellbeing. When asked what being healthy feels like participants shared that it feels like peace of mind and feeling confident. They described health as feeling 'like youth' and having energy and minimal pain. They shared that they feel healthy when they experience less stress, anxiety, and aggravation. They reflected on the importance of not feeling numb. They discussed the importance of maintaining a positive mental attitude and trying to feel optimistic by visualizing success. It was shared that this felt challenging to do on a consistent and regular basis.

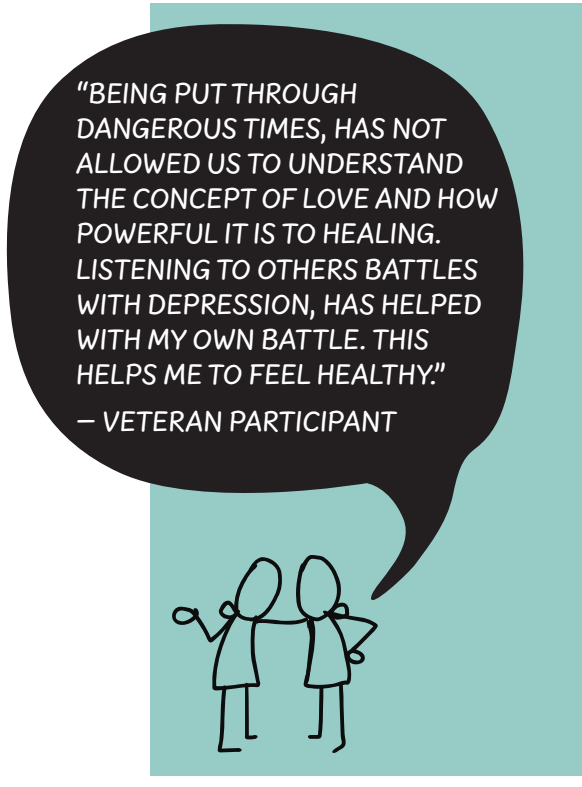
When asked what they do to support their health veterans described activities such as watching their dietary intake and being mindful of eating in moderation, exercising, socializing and helping others, trying to quit smoking, reading, stretching and breathing, and getting sleep. Veterans shared the importance of being able to move without pain or fatigue. Many shared that they experience pain and fatigue daily.

THROUGH THE LENS OF VETERANS

Community Health Assets

When asked about the strengths that exist in the community that best support health and wellbeing, veterans shared an appreciation for the VA healthcare system combined with also having access to civilian medical services. They described feeling like they have good doctors through these systems.

Having support systems through community partners was also mentioned as a strength, such as through Catholic Charities MANA House. They valued the access to basic necessities, such as shelter and food and access to SNAP EBT. Access to information



was identified as important and participants shared that they appreciated technology, computers, and online access provided through MANA House. They appreciate being able to search online health databases to become more informed about their health needs and questions. They also shared connecting to podcasts hosted by veterans talking about similar lived experiences as beneficial.

Veterans also described the outdoor environment in Arizona as a strength that supports health. They shared appreciation for outdoor recreation spaces, but also noted that many of those spaces were not accessible to where they live.

Finally veteran community health conversation participants identified support groups and supportive relationships with open-minded individuals as a source of strength for mental wellbeing. Participants shared that it felt important to talk with peers who have shared experiences and understand their needs as comforting

Community Health Stressors and Challenges

When asked about the challenges and stressors that they encounter that most impact their health veterans shared frustration over limitations in what the VA system will cover. They expressed interest in seeing more stem cell therapy covered as well as prescription marijuana. It was discussed that what is covered through the VA doesn't always feel like it is the most current or innovative therapy and treatment options. Veteran participants also shared experiences with past medical issues not being properly covered by the VA and the financial strain of those expenses resulted in becoming unsheltered. Many participants shared experiences of living in many different states and felt that their experiences with the VA system were inconsistent and varied from state to state even though it is viewed as one national federal system. They shared frustration with how different states manage the VA system. Specific to the VA system in Arizona, participants shared challenges with experiencing long wait times for appointments

"YOU ARE TREATED THE WAY YOU ARE PERCEIVED. IT FEELS LIKE PEOPLE LOOK DOWN ON US. ESPECIALLY IF WE HAVE STRUGGLED WITH ADDICTION OR OTHER ISSUES AS A RESULT OF PTSD. WE ARE NOT READY TO BRACE HOW SOCIETY REALLY IS."

– VETERAN PARTICIPANT

and poor bedside manner which results in participants feeling not seen and viewed as 'just another number.' They further described experiences with high caseloads and turnover rates among providers in the VA system and they feel that this leads to lack of continuity and consistency in care and poor medical care and outcomes. They described trying to connect with the VA as a 'game of phone tag' and described the MyHealthVet medical portal through the VA system as not user friendly and complicated to use. They shared that getting access to old medical records is important for continuity of care but felt that it is very challenging to access old records. They shared that it is important to modernize systems to better support vets.

Participants also described experiences of feeling labelled by healthcare providers. They reflect on being referred to as 'drug addicts' and feeling like they were prescribed pain medication without choice and without being informed of the impact it would have on them. They shared that this further results in overall feelings of stigma that impact how they seek out care. Others reflected on experiences with substance misuse as a coping mechanism to numb themselves and not feel both physical pain and pain related to experiences with PTSD.

Veterans who participated in the community health conversations also shared challenges with mental health needs and lack of resources. They reflected on the importance of having mental health specialists on-site at veteran housing sites that can offer both talk therapy and medication management. They shared that those services need to be

frequent and consistent offered multiple times a week. They shared experiences of feeling like they don't have anyone to vent to, but each other and wanting more advanced support to cope with trauma.

Additional stressors that result in worry include lack of consistent work and job opportunities and lack of transportation. Without these basic needs being met participants described worries about relapse and falling back into bad habits that could result in becoming unsheltered. They expressed a need for more on-site services, such as exercise spaces with exercise clothes and equipment, nutrition education, and dental and vision care being made available at places like MANA House and other veteran housing sites.

Future Thinking – Health Priorities

When asked about the types of things that they would like to see prioritized in their community to better support wellbeing veterans emphasized the importance of having access to reliable transportation and pathways towards owning their own vehicles to get to and from work and medical appointments.

Veterans shared strong values around feeling like they can be informed decision-makers, especially around medication management and side effects and felt this could be improved with more education and compassionate listening from providers. They described the importance of experiencing genuine concern and compassion in both medical systems and through social service programs. Autonomy was an additional value that was named and prioritized. They described themselves as responsible with a lot of skills to offer, and yet still feeling like they are treated like children or are micro-managed.

Veterans also described the importance of more education with the public and civilians to help society better understand what vets have been through. They want to feel respect and understanding after having served their country. They also described the benefit of having more healthcare providers who are also vets and understand what they have been through as a better opportunity for support.

OVERALL THEMES

Among Veteran Community Health Conversation Participants

The following overall themes reflect the health needs and priorities among veteran participants in the community health conversations:

- A focus on mental health resources and support is a priority.
- Transportation, job opportunities, and financial assistance are important for supporting independence and autonomy.
- There is a desire for quality improvement within Arizona's VA system that focuses on provider turnover, wait times, and modernizing systems.
- Support systems are critical for supporting wellbeing including peer support, talk therapy, art and music therapy, and animal therapy.

IV. OVERALL SUMMARY

SHARED THEMES AND RECOMMENDED OPPORTUNITIES FOR AZHIP

SUMMARY OF SHARED THEMES

The findings from the community health conversations provide direct insight into experiences and perceptions of centered population groups that often experience the greatest health disparities. Recommendations offered by the centered audience including priorities for areas of focus and opportunities are highlighted in each of the engagement sections. In addition, general recommendations that summarize and highlight overall findings offer the following:

General Themes in How Community Defines Health

- Health is viewed through a comprehensive whole-person lens as being mental, emotional, spiritual, and physical.
- Individuals associate being healthy with feeling calm, happy, connected, and without pain.

General Themes in Health Assets

- Facilitators that support feeling healthy/healthier are movement, access to culturally relevant and nutrient-dense foods, and connection with loved ones.
- The outdoor Arizona environment is viewed as a strong asset that supports health.
- Safe community spaces are valued as supporting overall wellbeing, such as at libraries, gardens, and trusted community sites led by individuals with shared life experiences.

General Themes in Health Challenges

- Safety is important for meeting personal health needs. This includes feeling safe to walk and move outdoors without fear of falling, hostile architecture, and accessible mental health support for all.
- Case managers, assistors, and navigators are valued – but not accessible. Individuals are critical for helping the community navigate challenging systems. High caseloads and turnover are impacting quality of care.

General Themes in Desired Priorities for Future Areas of Focus for AzHIP

- Transportation and housing were identified as the top priorities for addressing stress and health challenges.
- Individuals who are unsheltered were identified as a priority for leaders to focus on supporting.
- Delivery of services by individuals with a shared identity is critical for supporting trust.
- It is important for all to feel seen, heard, and respected to support dignity in care.

RECOMMENDED OPPORTUNITIES FOR AZHIP

The community health conversations identified shared intersectional values to accelerate public health impact around social issues and health equity where all Arizonans can feel connected, seen, heard, and supported. Many of the needs identified reflect the current priorities and strategies in the 2024-2025 AzHIP which is promising for existing alignment. There is now an opportunity to go deeper on tactic implementation.

The following recommendations are offered as potential opportunities for consideration and reflection for AzHIP based on the needs, themes, and insight offered by individuals who participated in the community health conversations:

- Focus on isolation and connection.
- Engage the public health workforce in deep cultural competency education and training offered by individuals with lived experience.
- Embed trauma-informed systems change principles and practices into all divisions and programs of public health.
- Implement Community Advisory Boards (CABs) as part of all major public health initiatives and actively communicate who is participating and what progress is being made.
- Institute stigma-reduction and inclusive messaging review and practices with all public health social marketing campaigns.
- Increase awareness with the community around the current priorities and efforts of AzHIP to support trust-building and help community to understand that while these are long-term complex issues, there is active work already happening in these areas.

These recommended opportunities for deeper action are intentionally offered without detailed strategy and process recommendations so that the approach can be imagined and defined by AzHIP working alongside community and based on current funding and resources. These recommendations can also be embedded into proposed initiatives in future grant applications with detailed approaches and work plans developed based on the public health division and funding opportunity.

In summary, we, at Pinnacle Prevention, feel honored to have served as facilitators in the community health conversations. We feel hope and inspired by the shared desire among so many for connection and the recognition that the health and wellbeing of one is intimately bound to the health and wellbeing of all. Through the interdependent spirit of AzHIP we see a future where all Arizonans are thriving.

V. APPENDICES

1. Community Health Conversations Discussion Guide English

Introduction	Hello, my name is (insert name) and I work with Pinnacle Prevention, an Arizona-based nonprofit, working on behalf of the Arizona Department of Health Services (ADHS). We have invited you here today to share your wisdom with us in understanding your needs, experiences, and perspectives when it comes to health and wellbeing. There are no right or wrong answers during our conversation today. When we talk in a group like this, it allows for people to agree or disagree depending on their personal beliefs or experiences. This is a good thing, so it is important that we respect each other and any differences that may be shared. You hold power in the wisdom you share. We are not here to provide education to you or present. **We are here to be in conversation with you – and most importantly, to listen and learn from you**. You will see us taking notes during our conversation so that we can remember all of the important wisdom you share.
Goals	The goal of today's conversation is to: · Understand what health means to you personally, · Understand what helps you to be healthy and what barriers impact your wellbeing, · Learn about what you would like to see public health efforts prioritize, and · Learn about what you would like to see included in future public health initiatives and programming.
Supporting Safety and Trust	You don't have to share anything that you don't feel comfortable sharing. We will be taking notes to make sure that we accurately capture the important wisdom that you share with us. Everything you share will be summarized in a final report provided back to the Arizona Department of Health Services for them to use in designing their future planning efforts. You may request to see copies of the final report from us as well. Your names and personal information will not be used in the report. Feel free to get up to use the restroom or attend to anything you need to during our conversation today. We respect your time, and we are scheduled to be together for no more than one hour. After the discussion you will be receiving a $50 Visa gift card in appreciation for your time and participation today. What questions or concerns can I answer before we begin?
Ice-Breaker and Introductions	Let's start with introductions and have you share the following: 1) Your name, 2) The community you live in or sleep in, and 3) What you like to do that helps you to feel healthy.
Defining 'Health'	The word 'health' has a very broad definition and can mean different things to different people. We also know there are multiple dimensions to 'thinking' and 'feeling'. Given this understanding we want to know what the term health means to you. · When I say the word 'healthy' what comes to mind for you? · When you <u>think</u> about being healthy what does that mean? · When you <u>feel</u> healthy, what does that feel like to you? ***Probes:*** *o What factors contribute to that feeling?* *o What things do you seek out to help you feel your best, if any?* *o When you say [X], why do you feel that is important?*

Community Health Conversations Discussion Guide English *continued*

Health Facilitators and Overall Quality of Life	I want to move us to thinking about the strengths that exist in your community. What things exist in your community that support your health, or makes it easier to keep yourself healthy? ***Probes:*** *o Tell me more about [X]?* *o What about [X] makes it easier?* *o What does a healthy community look like to you?*
Health Barriers and Challenges	What challenges do you encounter that make it harder to feel healthy in a way that is most meaningful to you personally? ***Probes:*** *o When you say [X], why do you feel that is important?* *o What could be done to help you overcome [X]?*
Stress and Resiliency	We know that stress can impact our wellbeing. What are some of the things causing you the greatest stress or worry in your life right now? ***Probes:*** *o What do you do to overcome these worries?* *o What have been some good sources of help or support that help you with these stresses and worries?* *o What supports would you like to see in your community for your mental wellbeing that do not currently exist?*
Access to Care	Tell me about the types of services or support you are currently utilizing to help keep you healthy or maintain your health. ***Probes:*** *o Why did you decide to go to [X]?* *o What has the greatest influence over where you decide to go for your general health needs?*
Future Thinking	Now we want you to think about the future of what you would like to see. Thinking ahead to the future - when it comes to your health and wellbeing – what types of things would you like to see in your community to support your wellbeing? ***Probes:*** *o What would that look like?* *o Who should be the individuals offering those services?* *o Who should be centered?*
Closing Reflection Prompt	What didn't we ask you that you feel is really important for leadership and decision-makers to know that would help to support you and your wellbeing for you, your neighbors, and community?
Wrap-Up	Thank you so much for taking the time to be here today and sharing your wisdom with us. As I mentioned at the beginning of our conversation, we will use the information you shared with us to help the Arizona Department of Health Services ensure that they are designing and delivering programs and services in a way that is the most meaningful to all of you. In the spirit of trust and transparency, if you would like to see a copy of the final report of recommendations after we complete all of our community conversations, we would be happy to share that with you. You may email us to request a copy. You will be receiving a $50 Visa gift card in appreciation for your time and participation before you leave today. (Facilitators explain how the Visa gift card works, distribute, and obtain signature of receipt). Close and adjourn with gratitude.

2: Community Health Conversations Discussion Guide Spanish

Introducción	Hola, mi nombre es (inserte el nombre) y trabajo con Pinnacle Prevention, una organización sin fines de lucro con sede en Arizona, que trabaja en nombre del Departamento de Servicios de Salud de Arizona (ADHS). Le hemos invitado hoy aquí para que comparta con nosotros su conocimiento para comprender sus necesidades, experiencias y perspectivas en lo que respecta a la salud y el bienestar. No hay respuestas correctas o incorrectas durante nuestra conversación de hoy. Cuando hablamos en un grupo como este, permita que las personas estén de acuerdo o en desacuerdo según sus creencias o experiencias personales. Esto es algo bueno, por lo que es importante que nos respetemos unos a otros y cualquier diferencia que pueda compartirse. Usted tiene poder en el conocimiento que comparte. No estamos aquí para brindarle educación ni presentarla. **Estamos aquí para conversar con usted y, lo más importante, para escucharle y aprender de usted.** Nos verá tomando notas durante nuestra conversación para que podamos recordar todo el conocimiento importante que comparte.
Objetivos	El objetivo de la conversación de hoy es: · Comprenda lo que significa la salud para usted personalmente, · Comprenda qué le ayuda a estar saludable y qué barreras impactan su bienestar. · Conozca qué le gustaría que se priorizaran los esfuerzos de salud pública y · Conozca lo que le gustaría que se incluyera en futuras iniciativas y programas de salud pública.
Apoyando la seguridad y la confianza	No tiene que compartir nada que no se sientas cómodo compartiendo. Tomaremos notas para asegurarnos de capturar con precisión el importante conocimiento que comparte con nosotros. Todo lo que comparta se resumirá en un informe final que se entregará al Departamento de Servicios de Salud de Arizona para que lo utilice en el diseño de sus esfuerzos de planificación futuros. También puede solicitar ver copias de nuestro informe final. Sus nombres e información personal no se utilizarán en el informe. Siéntase libre de levantarse para ir al baño o atender cualquier cosa que necesite durante nuestra conversación de hoy. Respetamos su tiempo y tenemos previsto estar juntos no más de una hora. Después de la discusión, recibirá una tarjeta de regalo Visa de $50 en agradecimiento por su tiempo y participación hoy. Qué preguntas o inquietudes puedo responder antes de comenzar?
Rompehielos y presentaciones	Comencemos con las presentaciones y comparta lo siguiente: 1) Su nombre, 2) La comunidad en la que vive, y 3) Lo que le gusta hacer y que le ayuda a sentirte saludable.
Definición de 'salud'	La palabra "salud" tiene una definición muy amplia y puede significar diferentes cosas para diferentes personas. También sabemos que el "pensamiento" y el "sentimiento " tienen múltiples dimensiones. Teniendo en cuenta este entendimiento queremos saber qué significa para usted el término salud. · Cuando digo la palabra "saludable", ¿qué le viene a la mente? · Cuando piensa en estar saludable ¿qué significa eso? · Cuando se siente saludable, ¿qué siente? ***Preguntas:*** *o ¿Qué factores contribuyen a ese sentimiento?* *o ¿Qué cosas busca para ayudarle a sentirse mejor, si las hay?* *o Cuando dice [X], ¿por qué cree que es importante?*

Community Health Conversations Discussion Guide Spanish *continued*

Facilitadores de salud y calidad de vida general	Quiero impulsarnos a pensar en las fortalezas que existen en su comunidad. ¿Qué cosas existen en su comunidad que apoyan su salud o hacen que sea más fácil mantenerse saludable? ***Preguntas:*** *o ¿Cuénteme más sobre [X]?* *o ¿Qué pasa con [X] que lo hace más fácil?* *o ¿Cómo es para usted una comunidad saludable?*
Barreras y desafíos de salud	¿Qué desafíos encuentra que hacen que le resulte más difícil sentirse saludable de la manera más significativa para usted personalmente? ***Preguntas:*** *o Cuando dice [X], ¿por qué crees que es importante?* *o Qué se podría hacer para ayudarle a superar [X]?*
Estrés y resiliencia	Sabemos que el estrés puede afectar nuestro bienestar. Cuáles son algunas de las cosas que le causan el mayor estrés o preocupación en su vida en este momento? ***Preguntas:*** *o ¿Qué hace para superar estas preocupaciones?* *o ¿Cuáles han sido algunas buenas fuentes de ayuda o apoyo que le han ayudado con estas tensiones y preocupaciones?* *o ¿Qué apoyos le gustaría ver en su comunidad para su bienestar mental que no existen actualmente?*
Acceso a la atención	Cuénteme sobre los tipos de servicios o apoyo que está utilizando actualmente para ayudarlo a mantenerse saludable o mantener su salud. ***Preguntas:*** *o ¿Por qué decidió ir a [X]?* *o ¿Qué tiene la mayor influencia sobre dónde decide acudir para satisfacer sus necesidades generales de salud?*
Pensamiento futuro	Ahora queremos que piense en el futuro de lo que te gustaría ver. Pensando en el futuro, en lo que respecta a su salud y bienestar, ¿qué tipo de cosas le gustaría ver en su comunidad para apoyar su bienestar? ***Preguntas:*** *o Como se veria eso?* *o ¿Quiénes deberían ser las personas que ofrecen esos servicios?* *o ¿En quién debería estar centrado?*
Mensaje de reflexión final	¿Qué no le preguntamos que cree que es realmente importante que el liderazgo y los tomadores de decisiones sepan y que lo ayudaría a respaldarlo a usted y a su bienestar, el de sus vecinos y su comunidad?
Envolver	Muchas gracias por tomarse el tiempo de estar aquí hoy y compartir su conocimiento con nosotros. Como mencioné al comienzo de nuestra conversación, usaremos la información que compartió con nosotros para ayudar al Departamento de Servicios de Salud de Arizona a garantizar que estén diseñando y brindando programas y servicios de la manera más significativa para todos ustedes. Con un espíritu de confianza y transparencia, si desea ver una copia del informe final de recomendaciones después de que completemos todas nuestras conversaciones comunitarias, estaremos encantados de compartirlo con usted. Puede enviarnos un correo electrónico para solicitar una copia. Recibirá una tarjeta de regalo Visa de $50 en agradecimiento por su tiempo y participación antes de partir hoy. (Los facilitadores explican cómo funciona la tarjeta de regalo Visa, la distribuyen y obtienen la firma del recibo). Cierra y levanta la sesión con gratitud.

www.pinnacleprevention.org

Data Sources

DATA SOURCES

Data Source	Description
America's Health Rankings	America's Health Rankings, guided by an Advisory Council, works on themes and topics to provide a wide variety of health and health-related information to help policymakers, advocates, and individuals understand a population's health in a holistic, inclusive manner. The Annual Report is the longest-running annual assessment of the nation's health on a state-by-state basis. The Annual Report has analyzed a comprehensive set of behaviors, public and health policies, community and environmental conditions, and clinical care data.
American Community Survey (ACS)	The American Community Survey (ACS) is the largest annual household survey conducted by the Census Bureau to generate period estimates of socioeconomic and housing characteristics for states and communities (counties, zip codes, census tracts, and block groups). It was developed to replace the "long form" of the decennial census and provide more timely data about the entire U.S. population. The ACS is the primary source for detailed population and housing information, including data on educational attainment, income, occupation, poverty, language proficiency, veterans, housing type, and several other topics. The survey is designed to provide estimates that describe the average characteristics of an area over a specific time period, either a calendar year (single-year estimates) or a period of 3 or 5 calendar years (multiyear estimates). Data collected are used in many sectors to monitor changing demographics, allocate findings, build infrastructures, and plan for emergencies.

DATA SOURCES

Data Source	Description
Arizona Maternal Mortality Review Program	The Arizona Maternal Mortality Review (MMR) has conducted reviews of all pregnancy-associated deaths within the State since the program's inception in 2012. The review committee classifies maternal deaths into one of the four following categories: pregnancy-related death, pregnancy-associated death, not pregnancy-related or associated, and unable to determine. Once categorized, the MMR team focuses on the cause of death for pregnancy-related and pregnancy-associated deaths. The comprehensive review examines whether the death was preventable or not and if there were any underlying causes for pregnancy-related deaths. If the death was considered preventable, the committee will make recommendations on what could have been done to change the outcome.
Arizona Youth Survey (AYS)	The Arizona Youth Survey (AYS) is a biennial school-based survey of 8th, 10th, and 12th-grade students. It is administered in schools across all 15 counties in Arizona during the Spring semester of every even academic year. The purpose of the survey is to better understand the frequency of problematic behaviors in youth (i.e. substance use, bullying, impaired driving, gang activity), and the factors that may influence the prevalence of these behaviors. The AYS is based on nationally recognized surveys, including Communities that Care (CTC) and Monitoring the Future (MTF). Over the years, the AYS has provided schools, community organizations, and government agencies with valuable information for substance abuse prevention planning and grant writing.

DATA SOURCES

Data Source	Description
AZ Department of Economic Security Annual Homeless Report	The Annual Report on Homelessness in Arizona has been prepared pursuant to A.R.S. § 41-1954 (A) (19) (g). This report provides information about homelessness in Arizona during 2023. The report attempts to recognize the similarities and differences in demographic characteristics of subgroups that make up the homeless population, as well as the similarities and differences in the issues that impact homelessness in the three Continuums of Care (COC).
Birth Certificate	A birth certificate is a legal document attesting birth, paternity, adoption, and official identity. It is also a great source of demographic and socioeconomic information that it uses to monitor trends in public health, healthcare utilization, obstetric procedures, and maternal and infant health. All births to Arizona residents, including those of residents who give birth in other states are included in the birth certificate system maintained by the Arizona Department of Health Services Bureau of Vital Records. Data in this report represent births to Arizona residents.
Behavioral Risk Factor Surveillance System (BRFSS)	The Behavioral Risk Factor Surveillance System (BRFSS) is a population-based telephone survey conducted annually in all 50 states, the District of Columbia, and U.S. territories to collect information on health-related behavioral risk factors, preventable health practices, healthcare access, and chronic conditions among non-institutionalized U.S. adults ages 18 years or older.

DATA SOURCES

Data Source	Description
Census Bureau Population Data	The Census Bureau takes the count of all people living in the U.S. every 10 years, providing a statistical demographic portrait of the country. During the non-census years, the intercensal and postcensal population estimates are generated to provide population counts of the nation. Data collected by the census serves several purposes. As mandated by the U.S. Constitution, the census provides the population counts necessary for seat allocation among the states in the U.S. House of Representatives. Population counts from the census are necessary denominators for the calculation rates of health events. Federal, State, and local governments require a census for program planning and management.
Death Certificate	Information on deaths is compiled from the original documents filed with the Arizona Department of Health Services Bureau of Vital Records and from transcripts of death certificates filed in other states but affecting Arizona residents. Death certificates are critical documents that not only serve to establish legal benefits but also provide vital statistics information for epidemiologic purposes. The information provided on the death certificate is important for tracking mortality trends, providing outcome data for research studies, and setting priorities for improving the health of the population. Mortality data in this report present the death of Arizona residents. This means that deaths have been assigned to the place where the person lived regardless of where the death occurred. Mortality data for Arizona Residents are summarized annually in a comprehensive report that describes statewide trends, leading causes of death, health disparities, population at high-risk, and community health.

DATA SOURCES

Data Source	Description
Hospital Discharge Data (HDD)	Hospital Discharge Data (HDD) is a valuable source of information about the patterns of care, public health, and the burden of chronic disease and injury morbidity. ADHS collects hospital discharge records for inpatient and emergency department visits from all Arizona licensed hospitals. The available data are for state-licensed hospitals including psychiatric facilities. Federal, military, and the Department of Veteran Affairs hospitals are not included. An inpatient discharge occurs when a person who was admitted to a hospital leaves that hospital. A person who has been admitted to the emergency room or as a hospital inpatient more than once in a given calendar year will be counted multiple times as a discharge and included more than once in the hospital discharge data set; thus, the statistics on inpatient hospital care and emergency room care in this report are for discharges, not persons. All discharges are for the residents of Arizona. Discharges of out-of-state residents are not included in this report.
National Health and Nutrition Examination Survey (NHANES)	The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and has the responsibility for providing vital and health statistics for the Nation.

DATA SOURCES

Data Source	Description
National Immunization Survey (NIS)	The National Immunization Survey (NIS) collects data on immunization and breastfeeding rates from landline and cellphone surveys. Mothers of children 19-35 months old are asked about breastfeeding duration and exclusivity. Because of the age range of children, published data on NIS is always at least three years old. The survey also requires women to recall the age of their children when they stopped exclusively or partially breastfeeding. Recall accuracy is complicated by the time passed (up to 35 months), the possibility of multiple children and recalling breastfeeding duration for the child in question, and fatigue associated with being a new parent. As with other surveys, NIS is susceptible to response and participation bias. Since 2001, the NIS survey has included questions about breastfeeding duration and exclusivity. The survey remains the best data source for breastfeeding rates across the country.
National Survey of Children's Health (NSCH)	The National Survey of Children's Health (NSCH) provides rich data on multiple, intersecting aspects of children's lives including physical and mental health, access to quality healthcare, and the child's family, neighborhood, school, and social context. The National Survey of Children's Health is funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB).

DATA SOURCES

Data Source	Description
National Survey on Drug Use and Health (NSDUH)	The National Survey on Drug Use and Health (NSDUH) is a nationwide study that provides up-to-date information on tobacco, alcohol, and drug use, mental health, and other health-related issues in the United States. Each year, NSDUH interviews approximately 70,000 people aged 12 and older for this important study. The study results are released each September and are used to inform public health programs and policies. NSDUH is authorized by Section 505 of the Public Health Service Act, which requires annual surveys to collect data on the level and patterns of substance use. The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services (DHHS), sponsors NSDUH. SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ), oversees all aspects of the study including data collection, analysis, and reporting.
The Dartmouth Atlas of Health Care	The Dartmouth Atlas Project uses a methodology, commonly known as small-area analysis, which is population-based to document variations in how medical resources are distributed and used in the United States. The project uses Medicare data to provide comprehensive information and analysis about national, regional, and local markets.

DATA SOURCES

Data Source	Description
Youth Risk Behavior Surveillance System (YRBSS)	The Youth Risk Behavior Surveillance System (YRBSS) was established in 1991 by the Centers for Disease Control and Prevention (CDC) to monitor six priority health-risk behaviors that contribute to the leading causes of morbidity and mortality among youth and young adults in the United States. The YRBSS was designed to enable public health professionals, educators, policy makers, and researchers to 1) describe the prevalence of health risk behaviors among youths, 2) assess trends in health-risk behaviors over time, and 3) evaluate and improve health-related policies and programs. One component of the surveillance system is the biennial school-based Youth Risk Behavior Survey (YRBS). Survey results are based on representative samples of high school students in the nation, States, tribes, and select large urban school districts across the country.

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Suicide Mortality Rate
Suicide Mortality Rate, by Age Group and Sex

Arizona Population, by County (2013-2017)

	2013		2014		2015		2016		2017	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
Apache	72,180	1.10%	71,868	1.08%	72,215	1.07%	72,131	1.06%	72,713	1.04%
Cochise	130,906	1.99%	129,628	1.94%	129,112	1.91%	128,343	1.88%	128,383	1.84%
Coconino	135,695	2.06%	139,372	2.09%	141,602	2.10%	142,560	2.09%	144,057	2.07%
Gila	53,670	0.82%	54,219	0.81%	54,406	0.81%	54,333	0.79%	54,947	0.79%
Graham	37,872	0.58%	38,315	0.57%	38,475	0.57%	38,303	0.56%	38,275	0.55%
Greenlee	10,913	0.17%	10,476	0.16%	10,555	0.16%	10,433	0.15%	10,961	0.16%
La Paz	20,979	0.32%	21,205	0.32%	21,183	0.31%	21,247	0.31%	21,598	0.31%
Maricopa	3,944,859	59.94%	4,008,651	60.12%	4,076,438	60.32%	4,137,076	60.52%	4,221,684	60.61%
Mohave	203,592	3.09%	204,000	3.06%	205,716	3.04%	205,764	3.01%	209,792	3.01%
Navajo	108,694	1.65%	109,185	1.64%	109,671	1.62%	110,413	1.62%	111,266	1.60%
Pima	996,046	15.14%	1,007,162	15.11%	1,009,371	14.94%	1,013,103	14.82%	1,026,099	14.73%
Pinal	393,813	5.98%	396,237	5.94%	406,468	6.01%	413,312	6.05%	427,603	6.14%
Santa Cruz	49,218	0.75%	49,554	0.74%	50,270	0.74%	50,581	0.74%	51,507	0.74%
Yavapai	213,294	3.24%	215,357	3.23%	217,778	3.22%	220,189	3.22%	225,364	3.24%
Yuma	209,323	3.18%	212,012	3.18%	214,991	3.18%	217,730	3.19%	221,648	3.18%
AZ TOTAL	**6,581,054**	100.00%	**6,667,241**	100.00%	**6,758,251**	100.00%	**6,835,518**	100.00%	**6,965,897**	100.00%

Source: ADHS Health Status and Vital Statistics

Arizona Population, by County (2018-2022)

	2018		2019		2020		2021		2022	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**

Apache	73,330	1.04%	71,808	1.00%	66,050	0.92%	66,411	0.91%	66,848	0.90%
Cochise	130,319	1.84%	130,808	1.82%	125,718	1.75%	126,463	1.74%	126,648	1.71%
Coconino	145,564	2.06%	147,275	2.05%	145,697	2.03%	147,434	2.02%	149,647	2.02%
Gila	54,946	0.78%	55,159	0.77%	53,303	0.74%	53,525	0.73%	53,838	0.73%
Graham	38,126	0.54%	38,476	0.54%	38,635	0.54%	39,025	0.54%	39,010	0.53%
Greenlee	10,506	0.15%	10,375	0.14%	9,562	0.13%	9,593	0.13%	9,652	0.13%
La Paz	21,890	0.31%	22,085	0.31%	16,587	0.23%	16,820	0.23%	16,860	0.23%
Maricopa	4,294,460	60.69%	4,367,835	60.76%	4,436,704	61.82%	4,507,419	61.87%	4,586,431	61.90%
Mohave	212,948	3.01%	216,985	3.02%	213,985	2.98%	216,527	2.97%	221,105	2.98%
Navajo	112,746	1.59%	112,825	1.57%	106,769	1.49%	107,748	1.48%	108,580	1.47%
Pima	1,034,201	14.62%	1,044,675	14.53%	1,045,589	14.57%	1,058,318	14.53%	1,072,298	14.47%
Pinal	440,591	6.23%	455,210	6.33%	428,220	5.97%	439,128	6.03%	453,924	6.13%
Santa Cruz	52,390	0.74%	53,161	0.74%	47,787	0.67%	48,468	0.67%	49,039	0.66%
Yavapai	228,970	3.24%	232,386	3.23%	237,073	3.30%	241,173	3.31%	245,389	3.31%
Yuma	225,212	3.18%	229,957	3.20%	204,722	2.85%	207,318	2.85%	209,920	2.83%
AZ TOTAL	**7,076,199**	100.00%	**7,189,020**	100.00%	**7,176,401**	100.00%	**7,285,370**	100.00%	**7,409,189**	100.00%
Source: ADHS Health Status and Vital Statistics										

Arizona Population Growth

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total population	6,581,054	6,667,241	6,758,251	6,835,518	6,965,897	7,076,199	7,189,020	7,176,401	7,285,370	7,409,189
% change	1.27	1.31	1.37	1.14	1.91	1.58	1.59	-0.18	1.52	1.7
Source: ADHS Health Status and Vital Statistics										

Arizona Population Growth, by Age Group (2013-2017)

	2013		2014		2015		2016		2017	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<1 Y	89,196	1.36%	84,342	1.27%	86,222	1.28%	86,540	1.27%	88,121	1.27%
1-14 Y	1,275,227	19.38%	1,271,484	19.07%	1,268,973	18.78%	1,262,086	18.46%	1,270,968	18.25%
15-19 Y	470,793	7.15%	453,593	6.80%	456,638	6.76%	461,632	6.75%	468,889	6.73%
20-44 Y	2,170,010	32.97%	2,209,763	33.14%	2,231,560	33.02%	2,244,132	32.83%	2,273,230	32.63%
45-64 Y	1,594,698	24.23%	1,622,954	24.34%	1,639,551	24.26%	1,658,674	24.27%	1,685,830	24.20%
≥65 Y	981,128	14.91%	1,025,105	15.38%	1,075,307	15.91%	1,122,454	16.42%	1,178,859	16.92%
TOTAL	**6,581,054**	**100.00%**	**6,667,241**	**100.00%**	**6,758,251**	**100.00%**	**6,835,518**	**100.00%**	**6,965,897**	**100.00%**

Source: ADHS Health Status and Vital Statistics

Arizona Population Growth, by Age Group (2018-2022)

	2018		2019		2020		2021		2022	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<1 Y	86,321	1.22%	83,742	1.16%	80,759	1.13%	79,903	1.10%	81,244	1.10%
1-14 Y	1,279,440	18.08%	1,283,310	17.85%	1,259,819	17.56%	1,256,232	17.24%	1,277,543	17.24%
15-19 Y	471,388	6.66%	474,952	6.61%	471,519	6.57%	473,400	6.50%	481,379	6.50%
20-44 Y	2,317,025	32.74%	2,362,349	32.86%	2,365,158	32.96%	2,405,004	33.01%	2,445,898	33.01%
45-64 Y	1,707,764	24.13%	1,720,449	23.93%	1,709,336	23.82%	1,723,031	23.65%	1,752,404	23.65%
≥65 Y	1,214,261	17.16%	1,264,218	17.59%	1,289,810	17.97%	1,347,800	18.50%	1,370,721	18.50%
TOTAL	**7,076,199**	**100.00%**	**7,189,020**	**100.00%**	**7,176,401**	**100.00%**	**7,285,370**	**100.00%**	**7,409,189**	**100.00%**

Source: ADHS Health Status and Vital Statistics

Arizona Population, by Race/Ethnicity

	White, Non-Hispanic	Hispanic or Latino	Black or African American	American Indian and Alaskan Native	Asian or Pacific Islander
2013	58.4%	29.8%	4.1%	4.7%	3.0%
2022	55.0%	31.9%	5.2%	4.0%	4.0%
Source: ADHS Health Status and Vital Statistics					

Arizona Life Expectancy at Birth, by County

	2019	**2020**	**2021**	**2022**
Apache	72.4	72.9	73.1	70.1
Cochise	78.6	78.8	78.7	78.2
Coconino	79.2	79.0	79.1	78.0
Gila	73.8	74.1	74.3	72.7
Graham	78.4	77.3	77.7	77.0
Greenlee	81.2	81.2	81.0	79.9
La Paz	78.2	76.9	77.2	77.7
Maricopa	80.5	80.4	80.5	79.6
Mohave	75.5	75.7	76.0	75.5
Navajo	75.4	74.4	73.9	71.4
Pima	79.6	79.6	79.5	78.5
Pinal	81.6	82.2	82.6	81.8
Santa Cruz	83.2	83.6	83.1	81.2
Yavapai	78.7	78.9	79.0	78.4
Yuma	83.1	82.9	82.9	80.5
AZ TOTAL	79.9	79.9	80.0	79.1

Source: County Health Rankings (via National Center for Health Statistics)

Arizona Leading Causes Of Death, by Years Of Potential Life Lost

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Unintentional Injury	70,382.5	65,837.0	75,284.0	85,721.5	89,603.5	98,081.0	106,433.0	139,571.5	152,827.0	142,118.0
Cancer	83,809.5	77,375.0	82,431.5	82,738.0	82,697.0	83,979.5	84,924.0	82,820.5	86,083.5	85,626.5
Heart Disease	50,582.5	48,542.5	54,515.0	56,014.0	56,504.5	57,395.0	58,076.0	68,330.0	67,033.5	66,514.5
Suicide	30,802.5	30,684.5	34,487.5	34,019.0	35,205.5	39,860.5	38,118.5	38,578.0	41,979.5	42,746.5
Chronic Liver Disease And Cirrhosis	17,700.5	16,086.5	19,196.5	19,116.0	18,740.5	18,825.5	19,847.5	24,812.5	32,128.5	24,829.5
Diabetes	14,895.5	15,050.5	18,069.0	16,722.0	16,485.0	16,184.5	17,887.5	21,969.0	20,746.5	20,081.5
Homicide	15,032.5	11,841.5	14,637.0	16,372.5	16,275.0	16,235.5	16,178.0	20,272.0	22,631.0	24,226.5
Chronic lower respiratory diseases	12,961.5	12,927.0	13,399.5	15,336.0	14,133.0	14,577.5	13,204.5	14,324.0	12,148.5	12,606.5
Cerebrovascular Disease	8,181.5	7,321.5	9,571.0	9,001.0	10,059.5	10,510.0	11,071.0	12,813.5	13,707.0	13,374.0
Influenza & Pneumonia	3,822.5	4,902.0	3,491.0	5,528.5	4,689.5	6,897.0	5,808.5	7,905.0	6,754.0	6,878.5

Source: ADHS Health Status and Vital Statistics

Arizona Leading Causes Of Death in the Border Region (2013-2017)

	2013		2014		2015		2016		2017	
1	Malignant neoplasms	2,538	Malignant neoplasms	2,359	Heart disease	2,598	Heart disease	2,774	Heart disease	2,715
2	Heart disease	2,525	Heart disease	2,341	Malignant	2,555	Malignant	2,541	Malignant	2,570

					neoplasms		neoplasms		neoplasms	
3	Chronic lower respiratory diseases	698	Chronic lower respiratory diseases	697	Chronic lower respiratory diseases	772	Unintentional injury	846	Unintentional injury	826
4	Unintentional injury	691	Unintentional injury	624	Unintentional injury	700	Chronic lower respiratory diseases	747	Chronic lower respiratory diseases	771
5	Alzheimer's disease	546	Alzheimer's disease	556	Alzheimer's disease	642	Alzheimer's disease	690	Cerebrovascular diseases	649
6	Cerebrovascular diseases	530	Cerebrovascular diseases	482	Cerebrovascular diseases	595	Cerebrovascular diseases	637	Alzheimer's disease	643
7	Diabetes	443	Diabetes	461	Diabetes	550	Diabetes	495	Diabetes	503
8	Chronic Liver Disease And Cirrhosis	236	Chronic Liver Disease And Cirrhosis	242	Intentional self-harm (suicide)	259	Influenza and pneumonia	255	Intentional self-harm (suicide)	275
9	Intentional self-harm (suicide)	229	Intentional self-harm (suicide)	231	Chronic Liver Disease And Cirrhosis	235	Chronic Liver Disease And Cirrhosis	253	Chronic Liver Disease And Cirrhosis	242
10	Influenza and pneumonia	208	Influenza and pneumonia	185	Influenza and pneumonia	201	Intentional self-harm (suicide)	243	Influenza and pneumonia	229
11	Essential (primary) hypertension and hypertensive renal disease	159	Essential (primary) hypertension and hypertensive renal disease	169	Essential (primary) hypertension and hypertensive renal disease	174	Septicemia	182	Essential (primary) hypertension and hypertensive renal disease	167
Source: ADHS Health Status and Vital Statistics										

Arizona Leading Causes Of Death in the Border Region (2018-2022)

	2018		2019		2020		2021		2022	
1	Heart disease	2,785	Heart disease	2,815	Heart disease	3,084	Heart disease	3,076	Heart disease	3,092

	2018		2019		2020		2021		2022	
2	Malignant neoplasms	2,674	Malignant neoplasms	2,801	Malignant neoplasms	2,771	Malignant neoplasms	2,748	Malignant neoplasms	2,771
3	Unintentional injury	842	Unintentional injury	908	COVID-19	1,995	COVID-19	2,534	Unintentional injury	1,132
4	Chronic lower respiratory diseases	815	Chronic lower respiratory diseases	802	Unintentional injury	1,159	Unintentional injury	1,199	COVID-19	954
5	Cerebrovascular diseases	683	Cerebrovascular diseases	647	Cerebrovascular diseases	754	Cerebrovascular diseases	793	Chronic lower respiratory diseases	788
6	Alzheimer's disease	579	Alzheimer's disease	637	Chronic lower respiratory diseases	739	Chronic lower respiratory diseases	684	Cerebrovascular diseases	775
7	Diabetes	515	Diabetes	461	Alzheimer's disease	636	Diabetes	593	Alzheimer's disease	550
8	Intentional self-harm (suicide)	276	Intentional self-harm (suicide)	318	Diabetes	583	Alzheimer's disease	515	Diabetes	509
9	Chronic Liver Disease And Cirrhosis	259	Chronic Liver Disease And Cirrhosis	250	Chronic Liver Disease And Cirrhosis	296	Chronic Liver Disease And Cirrhosis	360	Intentional self-harm (suicide)	314
10	Influenza and pneumonia	251	Influenza and pneumonia	226	Intentional self-harm (suicide)	279	Intentional self-harm (suicide)	307	Chronic Liver Disease And Cirrhosis	256
11	Essential (primary) hypertension and hypertensive renal disease	190	Essential (primary) hypertension and hypertensive renal disease	207	Influenza and pneumonia	272	Nephritis, Nephrotic syndrome	244	Nephritis, Nephrotic syndrome	232

Source: ADHS Health Status and Vital Statistics

Adults Reporting Excellent or Very Good Health, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander
2017	53.9%	44.2%	76.6%	33.9%	53.3%
2018	55.5%	51.3%	37.6%	31.0%	53.8%
2019	51.0%	51.1%	40.4%	32.5%	61.5%
2020	58.7%	51.4%	49.2%	41.2%	67.1%
2021	58.0%	45.5%	42.7%	35.6%	64.8%

Source: Behavioral Risk Factor Surveillance System

Arizona Leading Causes of Death

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Malignant neoplasms (cancer)	11,193	10,600	11,624	11,801	11,917	12,097	12,485	12,671	12,810	13,135
Heart disease	10,497	9,953	11,274	11,820	12,285	12,410	12,560	14,185	14,536	14,530
Chronic lower respiratory diseases	3,295	3,185	3,648	3,788	3,779	3,820	3,678	3,698	3,518	3,571
Unintentional injury	3,137	3,011	3,403	3,899	4,085	4,211	4,522	5,377	5,945	5,868
Alzheimer's disease	2,384	2,345	2,942	3,081	3,050	3,011	3,045	3,235	2,754	2,818
Cerebrovascular diseases	2,047	1,995	2,463	2,536	2,647	2,829	2,848	3,225	3,319	3,377
Diabetes	1,744	1,776	2,050	2,013	2,037	2,041	2,170	2,563	2,557	2,418
Intentional self-harm (suicide)	1,116	1,124	1,233	1,256	1,304	1,432	1,411	1,359	1,470	1,594
Chronic Liver Disease And Cirrhosis	1,040	984	1,120	1,169	1,122	1,159	1,211	1,426	1,772	1,484
Influenza and pneumonia	724	669	739	859	852	1,113	947	N/A	N/A	N/A

Essential (primary) hypertension and hypertensive renal disease	711	758	896	1,010	1,018	928	1,009	1,131	1,200	1,105
COVID-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,430	12,693	4,599
Source: ADHS Health Status and Vital Statistics										

Arizona Leading Causes of Death

	2013	**2022**
Cancer	149.6	133.1
Heart Disease	143.0	148.2
Chronic Lower Respiratory Diseases	44.5	35.3
Unintentional Injury	46.3	74.8
Alzheimer's Disease	33.2	28.5
Cerebrovascular Disease	28.2	34.5
Diabetes	23.6	25.1
Intentional Self-Harm (Suicide)	17.0	20.5
Chronic Liver Disease & Cirrhosis	14.5	17.4
Influenza & Pneumonia	10.0	10.0
Essential (primary) Hypertension & Hypertensive Renal Disease	5.3	11.3
COVID-19	N/A	47.5

Source: ADHS Health Status and Vital Statistics
**Age-adjusted mortality rate per 100,000*

Arizona Births

	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Apache	951	1,018	953	1,022	946	910	895	785	762	735

Cochise	1,607	1,643	1,566	1,531	1,330	1,348	1,344	1,273	1,247	1,233
Coconino	1,625	1,701	1,575	1,615	1,506	1,500	1,367	1,330	1,300	1,316
Gila	590	649	580	593	541	497	473	471	452	445
Graham	600	603	580	558	530	513	493	464	522	465
Greenlee	125	144	154	149	156	130	124	121	117	114
La Paz	204	213	199	223	194	187	186	154	165	160
Maricopa	53,848	55,285	54,600	54,021	52,470	51,701	50,998	49,191	50,245	50,573
Mohave	1,742	1,833	1,845	1,803	1,734	1,790	1,726	1,696	1,802	1,720
Navajo	1,554	1,609	1,517	1,498	1,507	1,379	1,355	1,305	1,210	1,231
Pima	11,965	11,844	11,476	11,403	10,970	10,661	10,357	10,035	9,970	9,968
Pinal	4,564	4,490	4,454	4,471	4,384	4,498	4,497	4,647	4,840	5,127
Santa Cruz	652	599	621	642	633	617	599	589	508	587
Yavapai	1,820	1,943	1,877	1,868	1,796	1,769	1,806	1,693	1,725	1,792
Yuma	3,116	3,058	3,017	3,004	2,956	3,030	2,945	2,972	2,895	2,836
Unknown	0	16	10	*	11	9	18	55	97	53
AZ TOTAL	**84,963**	**86,648**	**85,024**	**84,404**	**81,664**	**80,539**	**79,183**	**76,781**	**77,857**	**78,355**
Source: ADHS Health Status and Vital Statistics										

Maternal Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	10.6	10.4	9.4	30.8	28.2	41	53	50.8	48.8	N/A
US	22	21.5	20.9	21.8	21.6	17.4	20.1	23.8	32.9	N/A
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Maternal Mortality, by Race/Ethnicity

	2016-2017		2017-2018		2018-2019	
	Pregnancy-Associated	**Pregnancy-Related**	**Pregnancy-Associated**	**Pregnancy-Related**	**Pregnancy-Associated**	**Pregnancy-Related**
Arizona	79.1	18.3	77.1	16.9	91.1	26.3
Race/ Ethnicity						
White, non-Hispanic	90.3	21.6	88.2	21.0	80.1	20.0
Hispanic or Latino	63.4	14.4	71.4	14.6	72.0	23.5
Black	77.5	**	64.5	**	166.8	62.6
American Indian and Alaska Native	128.3	**	173.4	**	233.9	**
Asian	**	**	**	**	**	**

Source: ADHS Maternal Mortality Review Committee
*** suppressed rate based on value <6*

Infant Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	5.3	6.2	5.6	5.4	5.6	5.6	5.4	5.3	5.5	6.2
US	6	5.8	5.9	5.8	5.8	5.7	5.7	5.4	5.4	5.6

Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics

Infant Mortality Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/Latino	American Indian/ Alaska Native	Asian or Pacific Islander
2013	4.2	12.5	5.6	6.6	1.7
2014	5.3	11.7	6.4	8.7	2.5
2015	4.7	11	5.5	7.8	4
2016	3.9	11.4	6	8.3	3.9
2017	4.7	10.7	5.2	9.5	4.8
2018	4.6	9.2	5.7	9.3	2.8
2019	4.4	11.9	5.2	6.9	5.1
2020	4.5	12.4	4.7	8.1	2.7
2021	4.3	12.9	5.6	5.6	4.0
2022	5.3	11.6	5.8	9.2	5.1

Source: ADHS Health Status and Vital Statistics

Dental Cleaning During Pregnancy, by Age Group

	Dental Insurance	Received Care

<19 years	58.7%	29.5%
20-34 years	62.8%	36.8%
>35 years	66.1%	42.5%
Source: Pregnancy Risk Assessment Monitoring System		

Perinatal Hepatitis B

	HBV+ Preg.	Enrolled in Perinatal HBV Program Cohort	Babies Born in Cohort	HBV+ Babies
2018	147	125	121	0
2019	169	137	132	0
2020	144	125	125	1
2021	130	124	117	0
2022	152	150	127	0
Source: ADHS Perinatal Hepatitis B Surveillance				

Infants with Low Birthweight

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	6.9%	7.0%	7.2%	7.3%	7.5%	7.6%	7.4%	7.4%	7.9%	7.8%
US	8.0%	8.0%	8.1%	8.2%	8.3%	8.3%	8.3%	8.2%	8.5%	N/A
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Adequate Prenatal Care*

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022

All (n)	84653	86182	84491	83885	81653	80530	79161	76723	77758	78239
All (%)	N/A	80.0%	80.4%	79.5%	79.2%	79.6%	78.0%	78.2%	80.4%	80.4%

Source: ADHS Health Status and Vital Statistics
*Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index

Adequate Prenatal Care*, by Race/Ethnicity

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
American Indian or Alaska Native	N/A	70.1%	69.8%	68.6%	68.6%	65.5%	65.5%	64.4%	64.6%	66.3%
Asian or Pacific Islander	N/A	83.4%	83.6%	83.4%	81.9%	83.4%	82.1%	82.3%	85.1%	85.1%
Black or African American	N/A	75.4%	76.9%	75.4%	74.1%	73.7%	71.9%	71.8%	75.7%	76.1%
Hispanic or Latina	N/A	76.8%	77.4%	76.6%	75.5%	76.0%	75.0%	75.4%	77.8%	78.2%
White, non-Hispanic	N/A	84.1%	84.3%	83.6%	84.5%	85.3%	83.1%	83.1%	84.9%	84.6%

Source: ADHS Health Status and Vital Statistics
**Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index*

Adequate Prenatal Care*, by County

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	74.5%	80.4%	77.4%	76.8%	71.0%	71.1%	70.8%	71.6%	75.8%
Cochise	73.7%	71.3%	63.5%	65.3%	63.7%	53.9%	66.1%	71.9%	68.0%
Coconino	83.0%	79.7%	80.4%	79.0%	75.0%	72.4%	68.8%	74.5%	80.6%
Gila	65.7%	63.1%	63.3%	70.1%	68.6%	67.7%	71.3%	70.1%	70.7%
Graham	73.5%	73.2%	73.3%	74.0%	76.6%	78.9%	78.9%	78.9%	78.9%
Greenlee	76.0%	77.0%	78.2%	74.4%	83.1%	83.1%	79.3%	78.6%	80.7%

La Paz	59.7%	62.2%	67.7%	68.0%	65.2%	67.7%	60.4%	63.0%	72.2%
Maricopa	81.7%	81.9%	81.2%	80.9%	82.3%	80.9%	81.1%	82.0%	81.4%
Mohave	81.0%	78.6%	81.9%	79.2%	78.5%	77.9%	80.6%	80.7%	81.8%
Navajo	76.7%	75.0%	75.6%	75.9%	73.7%	73.1%	73.7%	76.9%	77.4%
Pima	77.5%	78.0%	77.2%	75.9%	73.1%	72.6%	71.3%	78.6%	79.9%
Pinal	79.7%	83.6%	82.3%	80.8%	81.4%	77.6%	77.7%	81.4%	80.8%
Santa Cruz	63.3%	65.6%	59.4%	54.3%	60.9%	54.8%	59.6%	61.5%	64.0%
Yavapai	86.0%	83.6%	84.1%	85.7%	84.3%	83.2%	84.2%	85.2%	87.4%
Yuma	70.0%	73.3%	69.4%	72.0%	71.8%	70.5%	67.4%	70.1%	71.6%
Source: ADHS Health Status and Vital Statistics **Adequate prenatal care, as determined by the Adequacy of Prenatal Care Utilization (APNCU) Index*									

Neonatal Abstinence Syndrome

	2013	2014	2015	2016	2017	2018	2019	2020	2021
AZ	4.12	5.25	5.67	7.48	7.93	8.3	8.3	10	11.3
Source: ADHS Hospital Discharge Data (rate per 1,000 newborn hospitalizations)									

Syphilis in Arizona Women

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Syphilis Cases	91	92	160	321	408	546	603	938	1,092
Source: ADHS Sexually Transmitted Infection Surveillance Data									

Congenital Syphilis in Arizona Babies

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Cases	12	14	14	33	63	112	118	182	224
Deaths	0	*	0	*	11	10	10	15	33
Source: ADHS Sexually Transmitted Infection Surveillance Data									

Adverse Childhood Experiences in Children

	2016-2017		2017-2018		2018-2019		2019-2020		2020-2021		2021-2022	
	AZ	US	AZ	US	AZ	US	AZ	US	AZ	US	AZ	US
0	50.0%	55.0%	63.5%	66.7%	57.0%	60.2%	56.5%	60.2%	58.0%	61.2%	57.9%	61.3%
1	22.8%	24.6%	19.6%	19.2%	21.1%	21.6%	21.1%	21.7%	21.7%	21.6%	22.5%	21.3%
2+	27.3%	20.5%	16.9%	14.1%	21.9%	18.2%	22.4%	18.1%	20.3%	17.2%	19.5%	17.4%
Source: National Survey of Children's Health												

Adverse Childhood Experiences in Children, by Type

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Parent or guardian divorced or separated	32%	25.9%	24.9%	26.6%	25.3%	25.70%
Hard to cover basics like food or housing	27%	N/A	17.0%	15.4%	13.4%	13.04%
Lived with anyone who had a problem with alcohol or drug	16%	11.6%	10.8%	8.7%	8.7%	9.66%
Parent or guardian served time in jail	13%	8.4%	9.7%	11.0%	8.3%	6.45%
Saw or heard parents or adults slap, hit kick, punch one another in the home	11%	4.9%	6.7%	7.2%	6.4%	5.07%
Lived with anyone who was mentally ill,	10%	8.1%	10.4%	10.7%	10.3%	9.76%

suicidal, or severely depressed						
Victim/witness of neighborhood violence	6%	4.1%	4.2%	5.9%	5.6%	4.03%
Treated or judged unfairly because of his/her race or ethnic group	4%	4.4%	4.4%	4.1%	5.1%	6.15%
Parent or guardian died	3%	3.0%	3.7%	4.4%	3.0%	2.61%
Treated or judged unfairly because of their sexual orientation or gender	N/A	N/A	N/A	N/A	1.30%	1.86%
Treated or judged unfairly because of their health conditions or disability status	N/A	N/A	N/A	N/A	N/A	2.36%
Source: National Survey of Children's Health						

Positive Childhood Experiences in Children

	2021-2022	
	AZ	US
0-3 PCEs (low PCEs)	46.45%	39.7
4+ PCEs (high PCEs)	53.55%	60.3
Source: National Survey of Children's Health		

Positive Childhood Experiences in Children, by Type

	2021-2022
Adult mentor	83.53%
Sharing ideas	64.30%
Volunteer work or community service	29.14%
Safe neighborhoods	57.32%
Supportive neighborhoods	48.14%

Family resilience	84.87%
After School activities	65.18%
Source: National Survey of Children's Health	

Breastfeeding in Arizona

	2020	2021
Arizona - Ever Breastfeed/Pumped	90.0%	90.7%
Arizona - Breastfeed 9+ Weeks	66.5%	64.6%
Source: Pregnancy Risk Assessment Monitoring System		

Sedentary Behavior in High School Students

Sedentary Behavior	2007	2009	2011	2013	2015	2017	2019
Watched TV for 3 or more hours per day on an average school day	28.20%	33.30%	28.60%	27.10%	24.70%	19.40%	19.70%
Played video or computer games or used computer for 3 or more hours per day	21.40%	22.10%	27.70%	36.90%	40.50%	38.90%	45.30%
Source: Youth Risk Behavior Surveillance System							

Bullying Experienced by High School Students, by Grade

	2019		2021	
	Electronic Bullying	Bullying on School Property	Electronic Bullying	Bullying on School Property
9th Grade	15.8%	23.1%	18.0%	19.8%
10th Grade	12.9%	17.4%	22.6%	20.8%

11th Grade	N/A	N/A	20.2%	14.5%
12th Grade	13.4%	13.6%	18.2%	15.9%
Source: Youth Risk Behavior Surveillance System				

Teen Pregnancy Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	19.2	17.8	15.9	14.9	13.7	12.6	11.9	11.2	10.6	9.9
US	26.5	24.2	22.3	20.3	18.8	17.4	16.7	15	13.9	13.5
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Teen Pregnancy Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/Latina	American Indian/ Alaska Native	Asian or Pacific Islander
2013	9.8	25.1	25.0	29.7	6.8
2014	11.6	16.9	25.4	19.2	5.5
2015	10.5	16.6	20.4	26.8	6.3
2016	9.5	17.3	19.3	24.7	5.0
2017	9.5	17.3	19.3	24.7	5.0
2018	7.7	14.3	16.5	20.6	4.6
2019	6.9	15.1	15.6	18.8	4.3
2020	6.6	14.1	15.0	16.8	3.2
2021	6.0	12.6	14.3	16.2	3.3
2022	5.4	12.3	13.8	13.7	3.0
Source: ADHS Health Status and Vital Statistics (rate per 1,000 female population 10-19 years old)					

Sexual Behaviors in High School Students

	Total	Race/ Ethnicity		
		Hispanic	Non-Hispanic Whites	Non-Hispanic Multiracial/ Others
Had sexual intercourse for the first time before age 13 years	4.2%	5.6%	2.1%	5.1%
Were currently sexually active	24.7%	27.2%	21.9%	24.4%
Drank alcohol or used drugs before last sexual intercourse (among those who were currently sexually active)	26.4%	31.0%	19.2%	28.7%
Used a condom during last sexual intercourse (among those who were currently sexually active)	48.2%	51.6%	46.9%	39.6%
Used birth control pills before last sexual intercourse with opposite-sex partner (among those who were currently sexually active)	23.4%	17.7%	31.3%	25.9%

Source: Youth Risk Behavior Surveillance System

Sexual Violence in High School Students, by Sex

	2017		2019		2021	
	AZ	US	AZ	US	AZ	US
Female	11.5%	11.3%	11.3%	11.4%	16.4%	N/A
Male	4.5%	3.5%	5.9%	3.4%	2.7%	N/A

Source: Youth Risk Behavior Surveillance System

Substance Use in High School Students, by Grade

	2018			2020			2022		
	Alcohol	**Marijuana**	**Prescription Pain Relievers**	**Alcohol**	**Marijuana**	**Prescription Pain Relievers**	**Alcohol**	**Marijuana**	**Prescription Pain Relievers**
8th Grade	11.4%	8.1%	3.2%	9.0%	5.9%	1.6%	8.6%	5.5%	1.4%
10th Grade	20.2%	17.0%	3.0%	17.6%	14.1%	1.6%	13.9%	10.9%	1.0%
12th Grade	30.7%	23.2%	2.7%	27.3%	20.7%	1.3%	22.6%	17.5%	1.0%
Source: Arizona Youth Survey									

Fall-Related Injury Mortality Rate, by Age Group

	All Ages	**65-74**	**75-84**	**85+**
2022	10.2	29.4	103.3	427.6
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)				

Fall-Related Injury Mortality Rate, by Race/Ethnicity

	American Indian/Alaska Native	**White, Non-Hispanic**	**Hispanic/Latino**	**Black/African American**	**Asian or Pacific Islander**
2013	15.7	15.1	14.3	9.7	9.5
2014	11.4	14.3	11.2	9.2	14.1
2015	19.5	15.5	14.1	14.0	10.2
2016	19.5	16.5	13.5	8.4	7.5
2017	20.2	16.0	12.2	9.0	7.8
2018	21.0	15.8	12.1	9.8	11.8

2019	17.7	16.5	11.9	10.3	7.3
2020	26.5	16.5	12.8	8.4	7.9
2021	23.1	15.8	11.9	8.2	12.0
2022	18.7	16.1	12.0	6.8	12.6
Source: ADHS Health Status and Vital Statistics					

Alzheimer's Disease Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	33.2	30.9	37.3	37.3	35.2	34.3	33.2	34.7	28.3	28.5
US	23.5	25.4	29.4	30.3	31.0	30.5	29.8	32.4	31.0	28.9
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Alzheimer's Disease Mortality Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	13.2	6.7	19.7	17.1	20.1	15.4	16.5	12.6	16.1	18.1
Cochise	19.0	11.1	23.5	21.8	16.9	12.6	16.4	22.8	11.1	18.5
Coconino	22.9	21.5	21.3	33.3	21.0	33.2	24.3	23.1	26.8	25.4
Gila	29.0	32.4	39.1	21.8	16.3	34.1	35.4	27.8	33.3	21.8
Graham	12.1	20.2	27.5	29.5	34.4	81.9	37.0	47.1	37.6	22.7
Greenlee	9.3	23.0	34.5	22.5	62.8	19.1	30.6	7.6	8.0	28.1
La Paz	0.0	1.6	15.2	17.6	11.7	4.5	15.6	20.0	4.6	14.1
Maricopa	39.2	35.4	41.3	41.2	38.6	38.7	37.5	37.9	31.1	31.3
Mohave	13.4	18.1	27.3	31.2	39.1	40.7	31.0	39.2	28.4	32.4
Navajo	18.5	31.1	24.8	22.9	29.6	31.8	29.6	40.6	26.4	39.4

Pima	36.7	35.4	38.0	38.9	34.7	31.3	31.1	29.7	25.7	23.4
Pinal	26.7	24.0	39.9	25.6	23.2	21.3	21.8	30.2	24.9	23.2
Santa Cruz	32.2	23.6	18.8	30.7	25.9	23.5	25.9	22.2	9.2	25.7
Yavapai	19.7	16.0	35.5	44.3	46.6	34.7	32.7	35.9	34.6	27.2
Yuma	9.1	14.1	19.1	18.5	19.7	17.5	26.0	29.1	16.7	28.1
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)										

Cerebrovascular Disease Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	28.2	26.2	31.1	30.7	30.7	32.1	31	34.6	34.4	34.5
US	36.2	36.5	37.6	37.3	37.6	37.1	37	38.8	41.1	N/A
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Cerebrovascular Disease Mortality Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	34.1	23.2	28.4	32.2	38.6	45.7	40.8	31.3	45.3	29.8
Cochise	42.1	29.4	37.7	31.9	32.0	36.5	28.9	34.2	43.2	30.5
Coconino	17.8	22.5	28.8	32.7	31.4	30.0	25.9	24.1	26.7	27.1
Gila	35.6	35.3	39.3	42.9	27.5	35.2	31.7	34.5	41.8	27.7
Graham	23.7	45.8	45.7	53.8	42.9	54.0	29.2	43.8	46.3	54.0
Greenlee	32.7	20.5	27.6	29.5	24.4	19.2	30.9	36.5	20.2	53.8
La Paz	22.5	19.9	17.9	35.2	16.4	23.1	19.6	47.2	30.3	40.3
Maricopa	28.1	27.2	30.7	29.7	30.5	31.9	31.6	34.5	33.6	34.4
Mohave	16.8	23.3	31.5	30.5	29.3	36.1	35.0	38.5	38.8	43.5

Navajo	41.1	24.9	29.7	23.7	41.3	40.3	41.3	45.4	57.3	49.8
Pima	31.1	25.9	32.1	32.5	32.5	35.8	32.1	38.2	36.1	36.1
Pinal	25.1	16.3	29.2	25.3	21.2	24.8	24.8	28.9	29.4	27.5
Santa Cruz	33.1	38.8	25.9	32.0	33.4	24.7	35.2	22.9	35.9	34.3
Yavapai	28.9	25.6	33.8	36.4	34.3	28.4	31.9	32.6	30.8	31.2
Yuma	20.0	23.5	27.0	34.6	29.6	24.3	23.3	28.7	32.6	37.1
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)										

Chronic Lower Respiratory Disease Mortality Rate, by County

	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Apache	19.2	17.6	28.4	25.5	30.4	28.2	36.9	32.5	37.8	25.4
Cochise	44.7	33.7	46.6	51.9	45.1	47.9	56.5	44.3	46.7	55.2
Coconino	34.1	26.1	44.1	40.3	34.3	30.1	31.4	35.2	26.3	31.2
Gila	65.7	66.9	59.6	62.2	62.1	72.1	47.2	44.9	49.1	55.7
Graham	50.6	52	41.3	46.2	78.2	69.1	52.5	48.5	39.3	46.9
Greenlee	27.8	29	43.1	52.1	50.1	24.6	48.2	19.3	28.2	78
La Paz	37.4	25.1	38.8	29.7	40.3	34.5	40	30.2	61.7	58.2
Maricopa	43.6	40.8	45.2	45.6	41.2	40.1	36.7	37.3	33.3	32.3
Mohave	71.5	50.6	60.1	56.8	68.3	72.5	70.8	72.3	58.7	57
Navajo	33.9	38.6	39.4	44.5	48.3	49.1	50.5	48.1	66.2	53.4
Pima	41.2	40.1	41.6	39	39.3	42.1	37.8	34.6	30.9	35.2
Pinal	45.2	44.3	44.7	43.6	41.4	37.7	34.7	35.5	34.1	33.8
Santa Cruz	15.4	22.3	16.9	22.4	10.8	15.2	14.2	20.3	20.4	12.4

Yavapai	58.2	48.9	57.2	61.3	61.1	61	45.7	47.5	46.6	40.4
Yuma	35.2	34.2	35.9	26.4	32.3	28.5	27.0	28.1	21.1	22.5
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)										

Adults Reporting Ever Having Asthma, by County

	2020	2021
Apache	12.2%	17.8%
Cochise	*	*
Coconino	17.9%	19.1%
Gila	10.6%	*
Graham	*	*
Greenlee	*	*
La Paz	*	*
Maricopa	14.7%	15.0%
Mohave	*	*
Navajo	17.3%	12.4%
Pima	15.5%	15.6%
Pinal	12.6%	13.5%
Santa Cruz	*	*
Yavapai	12.4%	15.3%
Yuma	*	*
Source: Behavioral Risk Factor Surveillance System		

Adults Reporting Ever Having Asthma

	2013	2014	2015	2016	2017	2018	2019	2020	2021
AZ	14.6%	14.3%	15.7%	14.6%	15.8%	15.3%	15.3%	14.5%	15.0%
US	14.1%	13.8%	14.3%	14.0%	14.2%	14.5%	14.5%	13.8%	14.60%
Source: Behavioral Risk Factor Surveillance System									

Adults Reporting Ever Having Asthma, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander	Other, Non-Hispanic
2020	15.5%	17.7%	12.0%	16.6%	8.8%	18.4%
2021	16.0%	23.0%	12.4%	9.8%	11.6%	20.6%
Source: Behavioral Risk Factor Surveillance System						

Cancer Mortality Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	144.4	102.3	109.1	108.3	118.0	111.5	125.4	107.2	135.8	119.5
Cochise	161.5	155.2	155.7	162.3	146.3	142.8	149.1	145.9	148.1	147.9
Coconino	125.5	97.4	121.7	130.9	117.3	133.6	120.6	122.1	116.7	113.5
Gila	148.3	139.5	192.2	149.4	112.5	127.0	137.5	159.6	118.8	148.5
Graham	175.6	139.2	135.0	153.1	130.4	116.0	136.5	130.8	167.5	154.5
Greenlee	108.4	89.5	190.5	80.8	108.0	95.8	118.8	179.5	175.1	140.8
La Paz	130.1	111.2	111.7	137.8	139.0	150.2	124.0	140.8	195.9	174.7
Maricopa	147.3	137.5	144.3	141.0	137.1	134.2	133.0	131.1	129.6	131.3
Mohave	192.2	157.7	181.4	192.0	178.3	174.4	182.6	165.3	165.7	168.3

Navajo	155.7	117.0	132.4	136.1	130.1	126.3	134.0	122.8	143.1	157.0
Pima	151.8	131.8	143.5	136.6	133.4	137.6	140.1	136.2	131.5	129.3
Pinal	146.2	136.2	132.7	126.1	124.6	119.9	113.1	134.7	127.9	130.5
Santa Cruz	122.3	144.7	101.7	88.7	108.4	104.6	112.0	101.5	103.3	102.7
Yavapai	162.5	159.4	154.4	149.7	158.0	159.4	150.2	156.8	139.4	145.5
Yuma	116.9	107.7	111.0	104.2	101.8	122.4	108.2	127.3	110.3	118.0
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)										

Cancer Mortality Rate, by Sex

	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Male	175	160.8	169	166.3	161	161.8	156.7	156.1	150.3	151.9
Female	129.9	116.8	123.8	120	116.6	114.7	116.4	117.2	116.7	117.5
Source: ADHS Health Status and Vital Statistics										

Cancer Mortality Rate

	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
AZ	149.6	136.3	144	140.7	136.6	135.9	134.7	134.7	134.8	133.1
US	163.3	161.5	159	156.1	152.7	149.2	146.2	144.1	146.6	142.3
Source: AZ Cancer Registry; US Cancer Statistics Working Group (age-adjusted rate per 100,000 population)										

Invasive Cancer Incidence Rate

	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
AZ	414.4	401.6	402.6	409.2	407.1	404.1	406.3	412.3	409.4	373.3	377.7

US	470.3	457.5	456.9	454.5	456.8	453.9	451.2	446	439	403	N/A

Source: AZ Cancer Registry; US Cancer Statistics Working Group (age-adjusted rate per 100,000 population)

Invasive Cancer Incidence Rate, by County

	2013-2017	2014-2018	2015-2019	2016-2020	2017-2021
Apache	307.8	312.1	322.7	305.1	303.1
Cochise	395.3	398.7	400.4	403.8	396.0
Coconino	631.3	365.1	357.8	341.8	333.2
Gila	355.3	361.6	360.7	349.1	332.7
Graham	377.6	355.6	343.8	328.8	329.9
Greenlee	408.7	397.3	405.8	376.0	367.1
La Paz	361.8	391.3	402.9	405.3	418.9
Maricopa	410.6	412.6	412.5	404.5	399.0
Mohave	450.9	446.7	440.6	427.8	415.6
Navajo	374.1	377.6	383.2	377.6	371.1
Pima	405.9	406.4	409.6	405.2	400.4
Pinal	392.3	396.3	399.0	394.5	393.1
Santa Cruz	328.5	335.9	328.2	325.3	320.8
Yavapai	419.5	421.8	417.6	412.3	407.7
Yuma	378.8	394.1	395.7	386.0	384.0

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Cancer Mortality Rate, by Race/Ethnicity

	All	White, Non-Hispanic	Hispanic/ Latino	Black/African American	American Indian/ Alaska Native	Asian or Pacific Islander
2018	135.9	140.2	118.7	156.7	115.3	102.7
2019	134.7	136.9	118.3	173.5	132.3	98.4
2020	134.7	138.9	114.8	169.4	116.5	87.9
2021	131.8	136	110.9	154.4	128.9	94.4
2022	133.1	136.5	113.8	166.1	139.3	102.7

Source: ADHS Health Status and Vital Statistics

Diabetes Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	23.6	23	25.7	24.5	23.8	23	23.9	27.9	26.8	25.1
US	21.2	20.9	21.3	21	21.5	21.4	21.6	24.8	25.4	24.1

Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics (rate per 100,000 population)

Diabetes Mortality Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	44.3	43.9	49.6	46.7	55.4	32.4	67.8	83.5	51.2	55
Cochise	24.7	21.3	27.6	19.8	26.8	24.9	27.5	26.8	35.8	31.2
Coconino	19.9	14.8	11.7	20	20.5	20.3	19.4	30.8	26.2	20.7
Gila	35.8	30.4	35.7	31.5	31.6	18.7	25	39.4	54.1	35.2
Graham	44.2	9.8	49	37.4	60.2	55	37.9	57.4	53.4	57

Greenlee	9.3	9.7	31.5	35.2	37.5	19	16	30.1	46.6	20.2
La Paz	8.8	18.1	7.7	41.2	22	23	8.9	39.5	21.3	72.8
Maricopa	22.8	22.6	24.7	23.5	22.8	22.1	23.8	26.1	25.8	24.9
Mohave	24.2	19.7	19.8	24.4	20.2	21.2	28	25.9	21.1	18.5
Navajo	42.3	30.8	32.5	27.9	36.6	45.3	51.6	52.2	45.2	55.6
Pima	22.4	25.9	30.5	27.2	26.6	26.2	24.1	28.6	29.1	24.9
Pinal	22.5	27.9	23.5	27.2	22.4	20.7	23.7	32.8	30.5	26.6
Santa Cruz	25.9	26	32.4	29.7	25.9	7.9	12.4	29	22.2	19.6
Yavapai	15.5	10	17.6	13.6	16.5	13.9	15	17.4	13.5	15.8
Yuma	44.1	30	33.7	28.1	25.9	32.6	17.8	34	26.1	24.7
Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)										

Diabetes Mortality Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander
2013	18.6	60.2	40.7	65.7	17.9
2014	18.8	39.7	39.1	63.2	18.3
2015	20.1	53.0	45.3	73.9	22.7
2016	19.3	50.1	40.5	79.9	20.8
2017	18.1	45.9	39.4	81.6	21.3
2018	18.0	48.9	35.0	73.6	17.0
2019	18.9	43.6	34.6	91.4	19.5
2020	21.4	51.7	43.1	106.4	22.1
2021	20.0	48.3	42.5	97.6	30.1
2022	19.7	42.4	39.5	88.0	19.4

Source: ADHS Health Status and Vital Statistics

Adults Reporting Ever Having Diabetes, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander	Other, Non-Hispanic
2018	9.6%	12.4%	12.1%	23.9%	*	*
2019	9.5%	17.8%	12.0%	21.2%	8.5%	8.6%
2020	10.30%	14.60%	11.30%	18.00%	9.80%	8.10%
2021	10.30%	14.10%	11.30%	26.80%	4.30%	6.80%
Source: Behavioral Risk Factor Surveillance System						

Cardiovascular Disease Mortality Rate, by Urban/Rural

	Rural	Urban
All Cardiovascular Disease	361.8	244
Heart Disease	274.9	178.8
Stroke	49.6	33.4
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics (rate per 100,000 population)		

Heart Disease Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	143	129.9	141.3	142.5	141.9	140.5	137.3	152.9	151.2	148.2
US	169.8	167	168.5	165.5	165	163.6	161.5	168.2	173.8	167.2
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics (rate per 100,000 population)										

Heart Disease Mortality Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	127.6	118.4	154.9	140	171.6	136.6	118.7	186.9	162.2	186.7
Cochise	185.5	153.3	164.9	151.2	165.7	165.7	147.4	168.1	163.6	168.5
Coconino	123.8	115.5	120.9	131.9	136.1	107.3	104.8	107.1	107.1	109
Gila	170.6	176.6	198.4	216.7	181	204	197.8	228.7	229.6	189.9
Graham	142.7	183.5	111.7	148.4	138.6	172.1	139.9	166.6	203.6	187.8
Greenlee	82.8	138.4	126.6	138.5	122.8	155.6	142.6	178.9	127.5	154.1
La Paz	182.5	170.8	199.2	152	206.2	188.6	197	291.4	218	194.5
Maricopa	135.9	124.4	133.2	134.2	138.6	136.9	137.3	148.5	147.6	145.7
Mohave	237.6	190.1	233.7	241.8	218.6	207.1	178.4	209.5	210.4	208.5
Navajo	139.1	144.2	132.3	148.7	121.9	148.6	148.3	188.7	184.2	166.2
Pima	148.2	130.3	141.3	148.8	135.4	136.2	137.8	146.8	142.2	139.8
Pinal	138.1	120.3	140.9	120.8	125.3	122	121.1	154	151.1	145.9
Santa Cruz	119.5	71.1	150.5	113.5	105.3	85.8	79.4	102	101.5	109.4
Yavapai	137.7	138.6	145.4	139.5	143.3	146.2	136.4	142.7	154.1	139.3
Yuma	109.2	120	105	119.9	111.2	123.8	120.4	149.9	146.4	136.4

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Heart Disease Mortality Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander
2022	151.3	194.9	121.2	156.1	88.9

Source: ADHS Health Status and Vital Statistics (rate per 100,000 population)

Adults Reporting Being Told They Have Arthritis

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	24.00%	24.90%	23.60%	26.00%	24.30%	25.70%	23.60%	22.80%	24.20%	25.60%
US	25.10%	26.00%	24.70%	25.50%	24.80%	26.10%	25.80%	24.40%	25.40%	27.10%

Source: Behavioral Risk Factor Surveillance System

Adults Reporting Being Told They Have Arthritis, by Age Group

	18-24 Y	25-34 Y	35-44 Y	45-54 Y	55-64 Y	65+ Y
2013	*	6.4%	10.5%	26.1%	39.2%	52.1%
2014	*	8.8%	15.0%	24.3%	39.1%	51.1%
2015	*	8.9%	10.8%	27.1%	36.5%	46.7%
2016	*	7.8%	13.8%	26.7%	41.3%	51.7%
2017	3.1%	7.9%	12.7%	25.8%	37.7%	47.4%
2018	4.3%	7.8%	12.7%	27.9%	39.5%	49.1%
2019	*	6.4%	12.4%	24.6%	37.3%	46.3%
2020	*	4.5%	12.3%	23.4%	33.6%	47.2%
2021	2.5%	8.3%	12.5%	23.2%	35.6%	47.7%
2022	3.4%	6.5%	13.5%	24.5%	37.8%	50.7%

Source: Behavioral Risk Factor Surveillance System

Substance Use, by Age

	2021-2022		
	12-17 Y	18-25 Y	26+ Y
Percent of Respondents in Arizona with Past Year Substance Use Disorder, by Age	10.7%	32.5%	15.7%
Percent of Respondents in Arizona Needing but Not Receiving Treatment at a Specialty Facility for Substance Use in Past Year, by Age	30.0%	27.0%	19.8%
Source: National Survey on Drug Use and Health			

Adults Reporting Binge Drinking

	2013	2014	2015	2016	2017	2018	2019	2020	2021
AZ	13.4%	14.9%	14.2%	15.6%	15.2%	15.6%	15.1%	14.3%	15.9%
US	16.8%	16.0%	16.3%	16.9%	17.4%	16.2%	16.8%	14.1%	15.4%
Source: Behavioral Risk Factor Surveillance System									

Opioid Mortality Rate

	2017	2018	2019	2020	2021	2022	2023
AZ	13.3	15.8	18	26.3	27.7	25.8	26.0
US	14.9	14.6	15.5	21.4	24.7	25.0	N/A
Source: ADHS Medical Electronic Disease Surveillance and Intelligence System; CDC National Center for Health Statistics (rate per 100,000 population)							

Opioid Deaths, by Drug Type

	Heroin Deaths	Rx/Synthetic Opioid Deaths	Total Opioid Deaths
2008	69	517	586
2009	96	575	671
2010	89	532	621
2011	123	438	561
2012	92	362	454
2013	137	389	526
2014	190	379	569
2015	248	431	679
2016	311	489	800
2017	331	591	923
2018	352	764	1,116
2019	271	1,023	1,294
2020	217	1,669	1,886
2021	112	1,903	2,015
2022	53	1,862	1,915
2023	47	1,881	1,928
Source: ADHS Health Status and Vital Statistics			

Non-Fatal Opioid Overdoses

	2017	2018	2019	2020	2021	2022	2023
Total Non-Fatal Opioid Overdoses	1,761	3,583	3,883	4,263	3,778	3,427	4,057

Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

Verified Non-Fatal Opioid Overdose Events

	2017	2018	2019	2020	2021	2022
Fentanyl	85	451	988	1,740	1,832	2,219
Oxycodone	553	1,032	1,320	1,206	667	467
Other Opiate Medication	1,105	1,751	1,632	1,166	1,085	665
Heroin	510	862	894	536	177	101
Methadone	77	146	224	240	148	153
Morphine	147	261	209	128	101	109
Hydrocodone	129	209	161	108	76	65
Hydromorphone	17	41	40	17	23	11
Benzodiazepine	481	750	686	521	417	465
Cocaine	112	240	227	216	200	265
Methamphetamine/Amphetamine	457	823	961	1,011	957	1,133

Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

Verified Fatal and Non-Fatal Opioid Overdose Events, by Age Group

		0-17 Y	18-24 Y	25-34 Y	35-44 Y	45-54 Y	55-64 Y	65+ Y
2017	**Non-fatal Overdoses**	2.7%	13.6%	24.2%	16.0%	14.4%	17.9%	11.1%
	Fatal Overdoses	1.1%	11.8%	23.5%	20.1%	18.8%	18.2%	6.6%
2018	**Non-fatal Overdoses**	3.9%	16.3%	26.6%	15.7%	12.4%	13.1%	11.6%

	Fatal Overdoses	1.4%	15.1%	25.7%	20.8%	16.3%	14.2%	6.5%
2019	**Non-fatal Overdoses**	5.6%	20.0%	27.4%	15.3%	12.6%	10.2%	8.8%
	Fatal Overdoses	2.0%	15.1%	26.5%	21.9%	15.3%	13.9%	5.4%
2020	**Non-fatal Overdoses**	8.0%	19.2%	29.5%	16.3%	10.3%	10.0%	6.7%
	Fatal Overdoses	3.0%	16.0%	31.0%	21.0%	15.0%	10.0%	3.0%
2021	**Non-fatal Overdoses**	5.6%	17.5%	30.6%	18.3%	10.9%	9.8%	7.0%
	Fatal Overdoses	2.0%	12.0%	31.0%	24.0%	15.0%	12.0%	5.0%
2022	**Non-fatal Overdoses**	4.1%	14.2%	31.7%	20.5%	11.1%	10.3%	8.1%
	Fatal Overdoses	1.7%	8.2%	27.9%	25.9%	17.4%	14.1%	4.8%

Source: MEDSIS Disease Surveillance System, ADHS Health Status and Vital Statistics

Verified Fatal and Non Fatal Opioid Overdoses, by Sex

	2017		**2018**		**2019**		**2020**	
	Non-fatal Overdoses	**Fatal Overdoses**	**Non-fatal Overdoses**	**Fatal Overdoses**	**Non-fatal Overdoses**	**Fatal Overdoses**	**Non-fatal Overdoses**	**Fatal Overdoses**
Male	55.9%	66.3%	58.9%	69.0%	62.1%	71.4%	64.0%	72.0%
Female	44.0%	33.7%	40.9%	31.0%	37.8%	28.6%	36.0%	28.0%

Source: ADHS Medical Electronic Disease Surveillance and Intelligence System; ADHS Health Status and Vital Statistics

	2021		**2022**		**2023**	
	Non-fatal Overdoses	**Fatal Overdoses**	**Non-fatal Overdoses**	**Fatal Overdoses**	**Non-fatal Overdoses**	**Fatal Overdoses**
Male	66.0%	73.0%	65.1%	75.8%	N/A	N/A
Female	34.0%	27.0%	34.9%	24.2%	N/A	N/A

Source: ADHS Medical Electronic Disease Surveillance and Intelligence System; ADHS Health Status and Vital Statistics

Adults Reporting Currently Smoking

	2013	2014	2015	2016	2017	2018	2019	2020	2021
AZ	16.3%	16.5%	14.0%	14.7%	15.6%	14.0%	14.9%	13.1%	13.1%
US	19.0%	18.1%	17.5%	17.1%	17.1%	16.1%	16.0%	13.3%	13.4%

Source: Behavioral Risk Factor Surveillance System

Adults Reporting Currently Smoking, by County

	2020	2021
Apache	9.2%	23.3%
Cochise	*	*
Coconino	11.3%	7.9%
Gila	21.8%	*
Graham	*	*
Greenlee	*	*
La Paz	*	*
Maricopa	12.0%	12.3%
Mohave	*	*
Navajo	15.2%	13.1%
Pima	13.8%	12.4%
Pinal	15.5%	18.8%
Santa Cruz	*	*
Yavapai	17.1%	14.6%

Yuma	*	*
Source: Behavioral Risk Factor Surveillance System		

Adults Reporting Currently Smoking, by Income

	Less than $15,000	$15,000 to $24,999	$25,000 to $34,999	$35,000 to $49,999	$50,000 to $74,999	$75,000 +
2017	28.6%	21.5%	20.7%	16.5%	12.0%	8.6%
2018	22.4%	21.6%	13.7%	15.8%	11.7%	7.2%
2019	30.9%	22.5%	18.7%	14.7%	13.8%	7.5%
2020	26.5%	20.1%	17.0%	14.5%	11.6%	7.0%
2021	25.3%	16.2%	18.1%	11.9%	13.9%	9.4%
Source: Behavioral Risk Factor Surveillance System						

Adults Reporting Currently Smoking, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander	Other, Non-Hispanic
2021	13.6%	14.4%	12.2%	18.2%	5.5%	21.2%
Source: Behavioral Risk Factor Surveillance System						

Electronic Vapor Product Use in High School Students

	2015	2017	2019	2021
AZ	3.1%	5.3%	7.8%	7.4%
US	3.0%	3.3%	10.7%	N/A
Source: Youth Risk Behavior Surveillance System				

Current Cigarette Use in High School Students

	2013	2015	2017	2019	2021
AZ	14.1%	10.1%	7.1%	5.3%	3.4%
US	15.7%	10.8%	8.8%	6.0%	N/A
Source: Youth Risk Behavior Surveillance System					

Soda Consumption in High School Students

	2013	2015	2017	2019	2021
AZ	72.2%	72.2%	71.0%	68.8%	74.8%
US	77.7%	73.8%	72.2%	68.3%	69.0%
Source: Youth Risk Behavior Surveillance System					

Physical Education Attendance in High School Students

	2013	2015	2017	2019	2021
AZ	23.0%	26.3%	36.3%	31.9%	27.2%
US	29.4%	29.8%	29.9%	25.9%	19.0%
Source: Youth Risk Behavior Surveillance System					

Lead Screening in High-Risk Children

	2018	2019	2020	2021	2022
12 and 24 month screening rate	8.4%	9.3%	9%	7.8%	6.2%

Source: ADHS Medical Electronic Disease Surveillance and Intelligence System

Adults Reporting Frequent Mental Health Distress, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander	Other, Non-Hispanic
2017	12.0%	13.7%	12.4%	12.2%	6.2%	13.6%
2018	12.4%	19.8%	11.5%	12.2%	8.3%	19.2%
2019	14.4%	17.4%	14.0%	16.5%	5.3%	22.5%
2020	14.1%	17.3%	11.4%	13.6%	8.1%	10.9%
2021	15.1%	18.8%	14.8%	18.4%	7.2%	19.6%

Source: Behavioral Risk Factor Surveillance System

Adults Reporting Mental Health Illness and Receiving Services

	2015-2016		2017-2018		2018-2019		2021-2022	
	18-25 Y	**26+ Y**	**18-25 Y**	**26+ Y**	**18-25 Y**	**26+ Y**	**18-25 Y**	**26+ Y**
Any mental illness	20.7%	17.0%	24.6%	18.4%	28.5%	18.7%	38.1%	20.9%
Those receiving services	10.4%	12.1%	12.0%	15.3%	13.5%	13.7%	27.0%	19.8%

Source: National Survey on Drug Use and Health

Adults Reporting Depression

	2013	2014	2015	2016	2017	2018	2019	2020	2021
AZ	18.1%	18.7%	18.5%	16.7%	18.8%	16.7%	16.8%	17.3%	17.5%
US	18.7%	19.0%	19.0%	17.4%	20.5%	18.3%	18.8%	18.2%	19.50%
Source: Behavioral Risk Factor Surveillance System									

Years of Potential Life Lost Among Unintentional Injuries, by Injury Type

	Poisoning	Motor Vehicle Accident	Drowning	Fall	Suffocation
2013	30426.0	24271.5	2817.5	3198.5	1174.5
2014	29705.5	22105.5	2832.5	3504.0	1879.0
2015	33280.5	26684.0	2644.0	3580.5	2259.5
2016	39675.5	30012.0	3535.0	3539.0	1477.0
2017	43627.5	29891.5	3972.0	3641.0	1955.0
2018	51265.5	31554.0	3442.5	3273.0	1160.5
2019	60409.0	29046.5	2751.0	3564.5	1897.0
2020	87473.0	33179.5	2886.5	4104.0	1317.5
2021	89880.0	42605.5	4340.5	4171.0	2305.5
2022	81243.0	40172.5	3889.0	4233.0	2252.5
Source: ADHS Health Status and Vital Statistics					

Unintentional Injury Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	46.3	43.3	48.1	53.7	55.3	55.9	59.2	71.5	77.8	74.8
US	39.4	40.5	43.2	47.4	49.4	48	52.7	57.6	64.7	64
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Unintentional Injury Mortality Rate, by Age Group

	Mortality 1-14Y	Mortality 15-19Y	Mortality 20-44Y	Mortality 45-64Y	Mortality 65+Y
2013	6.6	18.3	41.0	57.4	116.8
2014	5.1	15.2	38.2	53.0	111.7
2015	5	15.1	46.1	55.7	120.7
2016	5.8	21.9	49.4	68.5	130.3
2017	6	22.8	53.6	69.7	126
2018	5.9	26.7	59.0	65.6	124.2
2019	4.6	30.3	64.0	71.3	123.4
2020	6	39.0	87.7	86.3	120.2
2021	7.2	38.0	95.1	93.6	129.2
2022	6.2	29.5	86.6	95.0	133.9
Source: ADHS Health Status and Vital Statistics					

Motor Vehicle Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	11.4	10.3	12.6	13.9	13.8	14.1	13.1	14	18.4	17.5

US	10.5	10.3	10.9	11.7	11.5	11.2	11.1	12	13.3	N/A
Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics										

Unintentional Injury Mortality Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/ Latino	American Indian/ Alaska Native	Asian or Pacific Islander
2013	47.9	43.3	38.5	104.5	13.4
2014	43.7	37.6	35.9	85.4	18.3
2015	49.3	50.5	36.7	139	21.7
2016	55.2	52.2	41.6	139.1	25.9
2017	54.5	60.3	45.9	142	24.3
2018	56.3	57.6	44.5	144.5	24.9
2019	60.5	60.4	48.3	129.4	22.9
2020	69.2	82.2	60.4	180.1	20.2
2021	74.8	101.3	66.6	206.9	30.5
2022	71.8	91.2	63.3	206.5	31.1
Source: ADHS Health Status and Vital Statistics					

Sexual Violence-Related Hospitalizations, by Sex

	2018	2019	2020	2021	2022
Male	4.5	4.8	4.3	5.2	4.7
Female	37.3	39.6	30.4	37.6	41.3
Source: ADHS Hospital Discharge Data (rate per 100,000 hospitalizations)					

Sexual Violence-Related Hospitalizations in Females, by Race/Ethnicity

	2018	2019	2020	2021	2022
White, Non-Hispanic	43.3	35.1	29.9	34.6	33.6
Black/African American	95.8	92.3	70.2	77.3	80.8
Hispanic/Latina	40.9	39.5	23.8	34.6	33.6
American Indian/Alaska Native	87.3	65	51.4	54.7	57.3
Asian or Pacific Islander	13.1	5.4	2.5	9.8	8.9
Source: ADHS Hospital Discharge Data (rate per 100,000 hospitalizations)					

Suicide Mortality Rate, by Race/Ethnicity

	White, Non-Hispanic	Black/African American	Hispanic/Latino	American Indian/Alaska Native	Asian or Pacific Islander
2013	20.8	6.7	8.4	21.9	5.7
2014	21	9	8.3	13.9	7
2015	23.6	6.6	6.7	19	7
2016	21.7	9	8.8	24.4	9.3
2017	22.1	10.5	8.5	26.2	9.3
2018	23.7	16	8.7	36.5	7.3
2019	23.1	12.5	9.9	26.8	7.3
2020	24	11.7	9.6	16.5	4.5
2021	24.7	11.7	10.8	22.7	6.5
2022	24.3	14.3	12.2	35.1	9.4
Source: ADHS Health Status and Vital Statistics					

Suicide Mortality Rate, by Urban/Rural and Sex

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Urban	**Male**	24.4	24.1	25.6	24.9	24.3	27.8	26.9	25.6	27	29
	Female	6.9	7.2	7.9	7.7	7.4	7	7.8	7.2	7.1	6.6
Rural	**Male**	38.9	43.3	40.2	42.6	47.1	51.4	45.6	47.2	55.7	60.3
	Female	13.1	11.4	13.3	8.8	14.4	12.8	11.6	12.7	12.9	14.1

Source: ADHS Health Status and Vital Statistics (age-adjusted rate per 100,000 population)

Suicide Mortality Rate

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ	17	16.5	17.8	17.7	18	19.5	18.9	18.2	19.4	20.5
US	12.6	13	13.3	13.5	14	14.2	13.9	13.5	14.1	N/A

Source: ADHS Health Status and Vital Statistics; CDC National Center for Health Statistics (age-adjusted rate per 100,000 population)

Suicide Mortality Rate, by Age Group and Sex

		10-14 Y	15-19 Y	20-24 Y	25-34 Y	35-44 Y	45-54 Y	55-64 Y	65-74 Y	75+ Y
2013	**Male**	1.7	10.7	26.6	28.5	36.8	44.4	32.4	35.2	53
	Female	1.8	2.6	10	7.8	11.1	14.3	12.5	6.3	7.3
2014	**Male**	3	17.1	29.3	29.9	31.3	39.6	40.7	38.5	51.4
	Female	1.8	5	5.1	10.5	11.1	12.7	11.7	10.8	7.1
2015	**Male**	3.0	21.8	25.9	35.5	30.8	41.1	40.7	40.0	49.0

	Female	2.2	6.3	11.8	10.1	12.0	13.2	15.0	7.6	8.0
2016	**Male**	1.7	18.2	29.6	33.3	29.3	41.6	41.1	37.3	60.3
	Female	1.8	5.8	9.4	10.9	9.8	12.5	13.3	11	3.1
2017	**Male**	4.7	20.4	30.7	37.4	31.3	34.6	40.6	34.3	60.5
	Female	2.2	5.2	9	12.4	11.4	10	14.8	11	5.9
2018	**Male**	5.4	27.8	38.8	37.9	34.4	41.1	45.5	42.7	55.4
	Female	1.7	6.1	5.6	9.5	11.9	10.4	11.3	11.7	8.3
2019	**Male**	1.3	14.4	32.3	43.3	33	38.9	40.6	33.1	65
	Female	0.9	6.9	7.2	7.4	9.4	16.7	12.5	10.8	9.2
2020	**Male**	4.6	21.9	37.2	37.3	30.1	37.3	39.5	29.2	57.2
	Female	2.6	6.9	9.6	10.9	11.3	9.3	12.2	7	7.3
2021	**Male**	3.3	22.3	39.9	45	39.6	35.2	41.1	39.5	54.9
	Female	3.5	6.1	10.4	9.7	11.3	11.3	10.3	8	6.7
2021	**Male**	3.3	22.3	39.9	45	39.6	35.2	41.1	39.5	54.9
	Female	3.5	6.1	10.4	9.7	11.3	11.3	10.3	8	6.7
2022	**Male**	2.5	22.3	38.5	40.1	43.5	40.5	46.8	45.4	58.8
	Female	0.9	6.4	8.6	10.1	10.7	10.2	12.7	6.7	9.4
Source: ADHS Health Status and Vital Statistics										

Suicide Mortality, by Mechanism

	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Firearm	57.2%	56.2%	55.1%	59.70%	58.3%	55.9%	57.3%	60.9%	59.4%	61.3%

Suffocation/ Hanging	22.7%	24.3%	22.2%	21.6%	21.9%	26.2%	24.0%	22.1%	22.8%	20.1%
Poisoning	15.1%	14.2%	15.7%	13.7%	14.6%	12.7%	12.5%	11.2%	10.8%	13.0%
Cut/Pierce	1.6%	1.5%	1.4%	1.0%	1.3%	1.0%	1.9%	1.4%	2.1%	1.3%
Other	0.1%	0.4%	0.2%	0.2%	1.3%	0.1%	0.2%	0.1%	0.1%	0.3%
Not Specified	1.8%	1.9%	3.7%	2.5%	1.2%	2.7%	1.7%	2.3%	2.8%	2.3%
Fall	0.6%	0.7%	0.9%	1.0%	0.9%	1.0%	1.8%	1.5%	1.5%	1.2%
Drowning	0.7%	0.8%	0.5%	0.3%	0.5%	0.5%	0.6%	0.5%	0.5%	0.5%
Source: ADHS Health Status and Vital Statistics										

Hepatitis C Rate

	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
AZ Rate	245	207	165	161	146	138	118	158	117
National Rate	66	73	46	44	42	37	33	40	40
Source: ADHS Hepatitis C Surveillance; CDC Hepatitis C Surveillance									

Hepatitis C Cases, by Year of Birth

Year of Birth	Proportion	Year of Birth	Proportion	Year of Birth	Proportion	Year of Birth	Proportion	Year of Birth	Proportion
1925	0%	1945	1%	1965	2%	1985	2%	2005	0%
1926	0%	1946	1%	1966	2%	1986	2%	2006	0%
1927	0%	1947	1%	1967	2%	1987	2%	2007	0%
1928	0%	1948	1%	1968	2%	1988	2%	2008	0%
1929	0%	1949	1%	1969	2%	1989	2%	2009	0%
1930	0%	1950	2%	1970	2%	1990	2%	2010	0%
1931	0%	1951	2%	1971	1%	1991	2%	2011	0%
1932	0%	1952	2%	1972	1%	1992	2%	2012	0%
1933	0%	1953	3%	1973	1%	1993	1%	2013	0%
1934	0%	1954	3%	1974	1%	1994	1%	2014	0%
1935	0%	1955	3%	1975	1%	1995	1%	2015	0%
1936	0%	1956	3%	1976	1%	1996	1%	2016	0%
1937	0%	1957	3%	1977	1%	1997	1%	2017	0%
1938	0%	1958	3%	1978	1%	1998	0%	2018	0%
1939	0%	1959	3%	1979	2%	1999	0%	2019	0%
1940	0%	1960	3%	1980	2%	2000	0%	2020	0%
1941	0%	1961	3%	1981	2%	2001	0%	2021	0%
1942	0%	1962	3%	1982	2%	2002	0%	2022	0%
1943	0%	1963	3%	1983	2%	2003	0%		
1944	0%	1964	2%	1984	2%	2004	0%		

Source: ADHS Hepatitis C Surveillance

Non-Medical Exemption Rates for Childhood Immunizations, by School Grade

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Childcare	4.10%	3.60%	3.50%	3.90%	4.30%	4.50%	5.00%	5.10%	5.70%	5.70%
Kindergarten	4.70%	4.60%	4.50%	4.90%	5.40%	5.90%	5.40%	5.40%	6.60%	7.30%
6th Grade	4.70%	4.70%	4.40%	5.10%	5.40%	6.10%	6.00%	6.20%	7.40%	8.10%
Source: Arizona Immunization Coverage Status Report										

HIV Incidence Rate, by County

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Apache	9.7	12.5	15.2	11.1	8.3	10.9	1.4	10.6	15.1	15
Cochise	5.3	3.9	7	5.5	3.9	5.4	1.5	4	4	11.1
Coconino	8.8	8.6	3.5	7	12.5	6.9	8.1	4.8	5.4	5.3
Gila	5.6	3.7	7.4	1.8	1.8	5.5	0	5.6	1.9	1.9
Graham	0	2.6	0	0	7.8	2.6	13	2.6	5.1	7.7
Greenlee	0	0	0	0	0	0	0	0	0	0
La Paz	14.3	4.7	0	0	4.6	4.6	9.1	6	0	5.9
Maricopa	11.9	13.8	12.7	12.9	11.7	12.6	11.6	10.7	11.5	12.9
Mohave	5.9	2	2.4	3.9	3.8	3.8	3.2	4.7	5.5	6.3
Navajo	12	11.9	5.5	9.1	10.8	4.4	6.2	3.7	2.8	9.2
Pima	10.4	9.3	10	8.8	10.9	10.8	9.5	8.4	12.8	11.8
Pinal	11.4	8.6	8.6	10.6	9.4	9.3	16.3	8.4	14.3	16.5
Santa Cruz	0	8.1	4	7.9	11.6	13.4	3.8	16.7	10.3	14.3

Yavapai	3.8	0.9	3.2	2.3	1.7	1.7	6.5	3.8	5.4	5.3
Yuma	5.3	3.8	5.6	8.3	6.7	6.7	7.8	7.3	10.6	10
Source: ADHS Enhanced HIV/AIDS Reporting System (rate per 100,000 population)										

Arizona HIV Incidence Rate, by Age

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
0-1	0.0	0.0	0.0	1.2	0.0	3.5	0.0	0.0	1.3	1.2
2-12	0.0	0.2	0.2	0.1	0.2	0.1	0.0	0.0	0.2	0.2
13-19	5.5	8.8	5.7	5.0	5.1	6.6	6.7	6.2	5.5	6.0
20-24	25.3	26.9	24.8	27.0	22.1	24.5	27.7	21.7	21.0	24.0
25-29	31.4	30.9	28.2	31.1	31.2	28.6	27.8	27.0	31.5	31.2
30-34	20.3	23.9	25.3	22.1	22.2	31.3	26.3	26.6	31.3	31.4
35-39	20.0	21.4	20.6	18.9	19.5	20.5	15.7	12.8	20.5	27.1
40-44	19.1	17.7	14.2	18.4	15.5	14.9	18.0	12.1	17.1	19.1
45-49	16.2	15.1	15.4	15.8	15.1	12.3	12.5	11.7	12.7	16.7
50-54	9.6	10.7	11.3	10.7	12.4	10.2	9.1	9.2	11.0	11.5
55-59	6.3	6.1	7.0	9.4	9.9	8.4	7.4	9.5	9.1	10.0
60-64	5.8	4.8	5.0	3.6	4.5	5.8	5.2	3.7	5.3	5.8
65+	1.1	1.4	1.3	1.2	1.2	0.8	1.4	0.9	1.0	1.3
Source: ADHS Enhanced HIV/AIDS Reporting System (rate per 100,000 population)										

HIV Linkage to Care

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
AZ PERCENT	55.8%	60.6%	58.0%	59.0%	65.9%	67.4%	72.4%	77.5%	81.2%	80.1%	78.8%

US PERCENT	71.4%	72.6%	74.5%	75.0%	75.9%	77.8%	80.2%	81.3%	82.4%	N/A	N/A
Source: ADHS Enhanced HIV/AIDS Reporting System											

Sexually Transmitted Infections

Year	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Cases	40,258	41,736	46,476	53,771	55,777	61,068	55,954	63,601	61,282
Source: ADHS Sexually Transmitted Infection Surveillance Data									

Sexually Transmitted Infections, by Age Groups and Type

		10-24	**25-39**	**40+**
2013	Syphilis	N/A	N/A	N/A
	Gonorrhea	N/A	N/A	N/A
	Chlamydia	N/A	N/A	N/A
2014	Syphilis	26%	42%	32%
	Gonorrhea	47%	41%	12%
	Chlamydia	63%	32%	5%
2015	Syphilis	24%	46%	30%
	Gonorrhea	46%	43%	11%
	Chlamydia	63%	32%	5%
2016	Syphilis	22%	44%	34%
	Gonorrhea	44%	42%	13%
	Chlamydia	62%	33%	6%
2017	Syphilis	21%	50%	29%
	Gonorrhea	41%	46%	13%

	Chlamydia	61%	34%	6%
2018	Syphilis	21%	50%	30%
	Gonorrhea	39%	47%	14%
	Chlamydia	60%	34%	6%
2019	Syphilis	21%	51%	28%
	Gonorrhea	37%	48%	15%
	Chlamydia	59%	34%	6%
2020	Syphilis	19.6%	51.1%	29.3%
	Gonorrhea	37.8%	47.5%	14.7%
	Chlamydia	59.3%	34.8%	5.9%
2021	Syphilis	16.5%	53.2%	30.3%
	Gonorrhea	36.7%	47.3%	16.0%
	Chlamydia	56.6%	36.2%	7.2%
2022	Syphilis	16.1%	51.7%	32.2%
	Gonorrhea	36.2%	46.7%	17.1%
	Chlamydia	54.4%	37.7%	7.9%

Source: ADHS Sexually Transmitted Infection Surveillance Data

Children With a Special Healthcare Need Who Have a Medical Home

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
AZ	36.6%	40.6%	37.3%	27.4%	36.2%	N/A
US	43.2%	42.7%	42.3%	42.2%	42.0%	N/A

Source: National Survey of Children's Health

Heat-Related Deaths

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Deaths	157	149	91	132	219	264	251	283	522	552	671
Source: ADHS Health Status and Vital Statistics											

Heat-Related Emergency Department Visits

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	AVG.
ED Visits	2243	2153	2423	2913	3131	3026	2944	2414	2873	3286	4426	3540.8
Source: ADHS Hospital Discharge Data												